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RESILIENCE IN SCHOOLS FOR PUPILS WITH SOCIAL, EMOTIONAL AND
BEHAVIOURAL DIFFICULTIES

Section A: review of resilience measures and their suitability for use with young people
assessed as having Special Educational Needs

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Summary

Section A: This section reviews literature regarding the validation of existing resilience measures within Special Educational Needs and Disabilities (SEND) populations. These groups are at enhanced risk of worse outcomes later in life; therefore resilience-enhancement is of particular importance. Despite their use within the literature, it is unclear whether mainstream resiliency measures are applicable within SEND groups. Nine validation papers were identified, largely demonstrating utility of measures with SEND populations. However, a number of methodological limitations mean firm conclusions cannot be drawn. Several methodological limitations are considered, along with discussions of the challenges and complexities of research in this area.

Section B: This research investigated perspectives from stakeholders of specialist schools for students with social, emotional and behavioural difficulties on defining factors of resilience and the mechanisms involved in its promotion. A three- round Delphi survey was used to explore areas of consensus and divergence between students, carers, care staff and education staff across two schools. Overall, 153 stakeholders participated. Results indicated consensus across a number of statements covering both areas. These spanned a number of systemic levels, offering support for the socio-ecological model of resilience. Clinical and research implications are discussed.

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**RESILIENCE IN SCHOOLS FOR PUPILS WITH SOCIAL, EMOTIONAL AND
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Section A

**A critical review of resilience measures and their suitability for use with young people
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Abstract

Literature exploring the prevalence of mental health difficulties in young people highlights the need for accurate measurement of resilience, to effectively target and evaluate interventions aimed at its enhancement. Populations with Special Educational Needs and Disabilities (SEND) are at risk of worse outcomes later in life, and therefore the notion of resilience can be considered of particular importance within this group. Whilst a number of reviews have considered the psychometric properties of the many existing and validated resiliency measures, to date no review has considered the appropriateness of these measures for use within SEND populations. This review therefore summarises and critiques studies which have attempted to validate measures of resiliency within populations of children and young people considered to be presenting with SEND. Nine studies were included, reviewing four different resilience measures. When considering a number of psychometric properties, studies largely supported the use of their relevant measures within SEND populations. These included participants reported as having special or complex needs, behavioural or mental health problems and young offenders. However many limitations were present within the current literature, highlighting the need for further reliability and validation studies before accurate conclusions may be drawn.

Keywords: resilience, measurement, scale, validation, SEND

Introduction

It has been suggested that the UK is experiencing a crisis in mental health support for children and young people (CYP) (Young Minds, 2018). Within five to fifteen-year olds in England, data have indicated an increased prevalence of mental health disorders over time (9.7% in 1999, 10.1% in 2004, and 11.2% in 2017; NHS Digital, 2018). Community child and adolescent mental health services (CAMHS) have experienced sustained increases in demand, with referral rates reaching their highest ever level in 2018. However, demand continues to outstrip supply, with increases in CYP on waiting lists and waiting times longer than the previous years (NHS Benchmarking Network, 2019). As a result, a greater focus on preventing distress has led to increased interest in preventing problems and particularly in increasing CYPs resilience (Mental Health Taskforce, 2016).

Resilience

Resilience, resiliency or the ability to ‘bounce back’ when faced with adversity has long been a topic of investigation. Researchers have observed how some individuals manage to survive adversity and thrive in later life, while others develop various physical and psychological disorders, personal neglect or suicide (Windle, 2011). This has led to a desire to better understand the differential factors and processes contributing to better outcomes, and the ways in which these factors can be developed to enhance coping and reduce distress (Windle, 2011).

Despite decades of research, lacking consensus remains regarding how resilience should be defined. Common features of understanding relate to human strength, disruption and growth, adaptive coping and positive outcomes following adversity (Bonanno, 2004; Connor & Davidson, 2003; Richardson, 2002). Several distinctions have also been made in defining resilience, with some investigators assuming resilience is located ‘within the person’ (Wagnild & Young, 1993) and others proposing multiple sources and pathways to resiliency, including social contexts and external support systems (Luthar, Cicchetti & Becker, 2000; Ungar, 2008). Authors have also distinguished between the terms ‘resiliency’ and ‘resilience’, whereby resilience refers to interactions between the person and their environment bringing about a resilient outcome and resiliency refers to personal qualities influencing ability to experience a resilient outcome

(Luthar, et al., 2000). This paper will assume the most comprehensive definition of resilience (category 4 below).

Table 1. Examples of Various Definitions of Resilience (Adapted from Patry & Ford, 2016)

Definition Categorisation	Examples of Definitions
1. Definitions of resilience integrating the role of context and external factors	<p>“represents the interaction between risk factors (vulnerability) and protected resources (protection)” (Ahern, Kiehl, Sole & Byers, 2006, p. 105)</p> <p>“is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual’s family, community and culture to provide these health resources and experiences in culturally meaningful ways” (Ungar, 2008, p. 225)</p>
2. Definitions associated with personal assets or coping process	<p>“any behavioural, attributional, or emotional response to an academic or social challenge that is positive and beneficial for development (such as seeking new strategies, putting forth greater effort, or solving conflicts peacefully)” (Yeager & Dweck, 2012, p. 303)</p> <p>“the process of coping with disruptive, stressful, or challenging life events in a way that provides the individual with additional protective and coping skills than prior to the disruption that results from the event” (Richardson, Neiger, Jensen & Kumpfer, 1990, p. 34)</p>
3. Definitions associated with positive outcomes	<p>“the ability to bounce back or recover from stress, to adapt to stressful circumstances, to not become ill despite significant adversity, and to function above the norm in spite of stress or adversity” (Smith et al., 2008, p. 194)</p> <p>“good outcomes in spite of serious threats to adaptation or development” (Masten, 2001, p. 228)</p>
4. Comprehensive definitions of resilience	<p>“a process of personal, interpersonal, and contextual protective mechanisms, resulting in an anomalous, positive outcome in the face of adversity” (Smith-Osborne & Bolton, 2013, p.111)</p> <p>“the process of negotiating, managing and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaptation and ‘bouncing back’ in the face of adversity” (Windle, Bennett & Noyes, 2011, p.2)</p>

Resiliency Theories

Resilience was originally thought of as an intrinsic and individual characteristic (Anthony, 1974), with research focusing on both personal factors which people recognised as resilient, and factors within individuals’ environments which might contribute to attainment of positive outcomes. For example, the best outcomes for people with schizophrenia were for those with histories of competence at work, social relations

and marriage (Glick & Zigler, 1986). Whilst identifiable factors were helpful in understanding resilience, a lack of understanding remained regarding the processes enabling these factors to be protective, for example *how* marriage was protective at a particular time. Second wave researchers therefore endeavored to investigate these processes, identifying the developmental systems thought to have a causal relationship in resilience promotion. This research resulted in a distinction between ‘normal’ and ‘pathological’ developmental experiences (Masten, 2007), resulting in higher importance being placed on interactions between individuals and the systems around them. Resilience research during the third wave focused on promotion of resilience-enhancing resources, particularly within high- risk groups (Wright, Masten, & Narayan, 2013).

More recently, resilience definitions focusing solely on individual capacities and qualities have been disputed (Seccombe, 2002), with resilience considered from a socio-ecological perspective (Ungar, 2011; Ungar, Ghazinour & Richter, 2013). Similarly to Bronfenbrenner’s (1979) model of human development, socio-ecological approaches focus on the influences and impacts of systems such as culture, society, community and family. There is a shift in research and theory towards the ways these systems interact in resilience promotion and risk minimisation. It has been argued that ensuring protective systems around an individual minimises risk exposure, which is more efficient than managing risk after encountering hardship (Ungar et al., 2013).

Resilience Critiques

Several limitations exist within current resilience research, including; measurement ambiguity; methodological flaws; absence of CYPs voices, diversity in culture/context, and evaluated resilience interventions, as well as the predominance of western views (Victorian Health Promotion Foundation, 2015).

As the concept of resilience has shown much variability, critics have suggested this makes its use questionable (Kaplan, 2005). However, some suggest if these strict criteria were applied, they could be used to dismiss concepts such as personality, intelligence and many other psychological constructs (Prince-

Embury & Saklofske, 2013). Therefore, it has been proposed that the existence of an operational definition, reliable assessment and construct efficacy should determine worth, as applied in particular circumstances (Prince-Embury, 2013).

Moreover, it has been argued that resilience should be better differentiated from other psychological constructs (Bonanno & Diminich, 2013). For example, attachment and resilience theory are often considered in tandem (Darling Rasmussen et al., 2019), with conflicting views surrounding this. Some authors suggest the two theories be viewed as complementary (Atwood, 2006). Literature consistencies regarding resilience being predicated on adversity and positive adaptation are noted, with suggestions that secure attachment may act as the prerequisite for positive adaptation (Darling Rasmussen et al., 2019). Whereas others note that research has devoted little attention to a possible link between attachment and resilience and therefore suggest further work is needed (Tosone, Minami, Bettmann, & Jaspersen, 2010).

Resilience Measurement

Despite challenges, researchers have attempted to integrate resilience research findings and their implications for clinical practice. As resilience has previously been considered an outcome, (positive well-being in the face of adversity) rather than a psychological construct that can be measured (such as intelligence), efforts have been made to identify measurable variables which would lead to and predict resilience (Luthar & Zelazo, 2003). Factors leading to resilient outcomes are referred to as protective factors; processes or characteristics buffering negative effects of stress, resulting in more positive outcomes -for example wellbeing or school attainment (Masten & Garmezy, 1985). Therefore, rather than measuring resilience *per se*, assessments focus on measuring the protective factors predicting resilience.

The understanding of resilience as a product of multiple individual characteristics and environmental circumstances, mediated by internal mechanisms, has proved problematic to investigate (Luthar et al., 2000). The main reasons for resilience measurement difficulties, include lacking definition agreement, variation in participant characteristics and the qualitative nature of most studies (Gillespie, Chaboyer & Wallis, 2007). Moreover, measurement tools used within research studies are often unfeasible for widespread use due to cost, labour intensity or presence/absence of psychiatric symptoms, meaning lacking

validation amongst wider populations (Prince-Embury, Saklofske & Vesely, 2015). Consequently, the lack of a common measure of resiliency has resulted in challenges assessing the need for, choice of, and efficacy of preventive intervention strategies in a way that enables effective comparison across populations and methods (Prince-Embury et al., 2015).

Authors such as Ungar (2008) have called for measures suitable for individual settings, contending there are variably influential contextual and cultural factors contributing to resilience. However, Windle et al. (2011) argue that varied approaches to measurement across contexts have led to inconsistencies relating to the nature of protective processes and risk factors. These two arguments suggest that there may always be a tension between reliable and valid measures which result in high data quality, and measures that are able to be flexible in order to understand different contexts and cultures.

Previous Research into Assessment Tools

Numerous reviews of resiliency measures have been undertaken over recent years (e.g. Ahern et al., 2006; Patry & Ford, 2016; Scoloveno, 2017), focussing on measures relevant to various populations and in various formats. Windle et al. (2011) completed a systematic review of nineteen resilience measurement scales used with both adults and CYP, concluding there is no *gold standard* measure, with many scales in the early stages of development and much further validation needed. It was noted that assessing of resilience among CYP in correctional, education, and socio-therapeutic centres is lacking, with authors highlighting the importance of such population's involvement in measurement tool development (Windle et al., 2011).

More recently, Vannest, Ura, Lavadia and Zolkoski (2019) completed a systematic review of self-report resiliency measures used in CYP with USA validation data. Authors concluded development of CYPs resilience measures does not appear to be a growing body of work and the need for high- quality measures remains.

Special Educational Needs and Disabilities (SEND)

Numbers of pupils with SEND has increased for a third consecutive year to 1,318,300 in January 2019, representing 14.9% of the total pupil population (Department for Education, [DfE], 2019). A CYP has

SEND if they have a learning difficulty and/or a disability that means they need special education support.

SEND can affect CYPs learning ability, often impairing; behaviour or ability to socialise, reading and writing, understanding, concentration or physical abilities (DfE & Department of Health [DoH], 2015).

Common types of need for pupils with SEND are listed in Table 2.

Table 2. Number and percentage of pupils with SEND by primary type of need, January 2019 (DoE, July 2019).

Primary Type of Need	Special Schools		All Schools	
	Number	%	Number	%
Specific Learning Difficulty (LD)	2,042	1.6	151,128	12.5
Moderate Learning Difficulty (LD)	15,906	12.8	246,837	20.4
Severe Learning Difficulty (LD)	26,826	21.6	32,890	2.7
Profound & Multiple Learning Difficulty	8,599	6.9	10,726	0.9
Social, Emotional and Mental Health (SEMH)	15,891	12.8	206,093	17.1
Speech, Language and Communications (SLC)	9,033	7.3	261,718	21.7
Hearing Impairment	1,393	1.1	22,344	1.8
Visual Impairment	844	0.7	12,687	1.1
Multi- Sensory Impairment	369	0.3	3,371	0.3
Physical Disability	4,168	3.4	35,627	2.9
Autistic Spectrum Disorder (ASD)	36,982	29.8	132,345	11.0
Other Difficulty/Disability	2,064	1.7	52,648	4.4
Total	124,282	100	1,208,180	100

Students with SEND are considered a vulnerable group of learners (Humphrey, Lendrum, Barlow, Wigelsworth & Squires, 2013), with research demonstrating worse academic and psychosocial outcomes throughout schooling (DfE, 2010). SEND groups experience higher levels of bullying (Van Cleave & Davis, 2006), lower peer acceptance and fewer friends (Frostad & Pijl, 2007) and are at an increased risk of developing behavioural/ conduct problems (McGinnity, Meltzer, Ford & Goodman, 2005), highlighting the importance of targeted resilience-enhancing support.

Measures of resiliency have been used with SEND populations within the literature, including ADHD and ASD (McCrimmon, Climie & Huynh, 2018) and mental health problems (Nrugham, Holen & Sund, 2010). However, it is unclear whether these measures have been validated for SEND populations and therefore are suitably sensitive and meaningful for these populations.

Review Aims

The UK is experiencing a crisis in mental health support for CYP, with demand significantly outweighing resources. Students with SEND are considered to be a vulnerable group, highlighting the importance of enhancing resiliency. In order to examine clinical effectiveness of interventions, accurate outcome measurement is essential. However, there are currently no known studies considering the suitability of resilience measures for SEND populations, therefore it is unclear whether resilience measurement tools designed for use with mainstream populations are appropriate.

SEND encapsulates a wide range of primary needs that may affect learning, including hearing and visual impairments and physical disabilities. Although needs have been grouped into categories that share common features, a great deal of individual difference exists between students with SEND. To include all of these needs' categories would be beyond the scope of this review, therefore the focus will be predominantly on non-physical SEND such as Learning Difficulties (LD), SEMH, Speech, Language and Communication (SLC) needs and ASD.

The aim of this review is therefore to review appropriateness of use of current resilience measures for those with cognitive and social SENDs. Validation studies of these measures will be considered, along with reviews of the individual questionnaires and their applicability to non-mainstream groups. In addition to making suggestions for future research, this work aims to contribute to on-going considerations of the efficacy of resilience as a construct and associated measurement complexities.

Methodology

To assess suitability of resilience measures for a SEND population, a review of the literature was carried out in two stages, discussed in turn below.

Identification of Resilience Measures

An initial search was completed in February 2020 to identify resiliency measures used within published studies with participants under 18 years. PsychInfo and Medline were used to identify instruments for

inclusion. Abstracts were searched with terms including resilien* AND measure* OR questionnaire OR evaluation, with results limited to those in the English language. No time limits were used for publication date and no restrictions were placed on publication type. Hand searches of relevant articles reference lists were also conducted. See Figure 1 for a PRISMA diagram (Moher, Liberati, Tetzlaff & Altman, 2009) of this search process. Eligibility criteria for measure inclusion are listed in Table 3.

Table 3. Measure Inclusion Eligibility Criteria

Inclusion Criteria	Exclusion Criteria
1. Published in English language	1. Measuring childhood characteristics more broadly (not specifically resilience)
2. Description of the measure as related to resilience or resiliency	2. Exclusively adult samples
3. Measures have been tested for reliability and validity	
4. Used with samples under 18 years old	

Measure Validation in SEND Groups

A further search was then completed using Medline and PsychInfo to review validation studies of measures listed in Table 4. Each of the measures identified were searched in turn and added to the term AND reliabil* OR valid* OR factor analysis. Papers limited to those in English language with the ‘search abstracts’ option was selected. Due the paucity of research within this area, study inclusion was based on a broad relatedness to the non-physical SENDs listed in Table 2. This search resulted in nine papers validating four measures, further reviewed and critiqued below. See Figure 2 for a PRISMA diagram (Moher et al., 2009) of this search process.

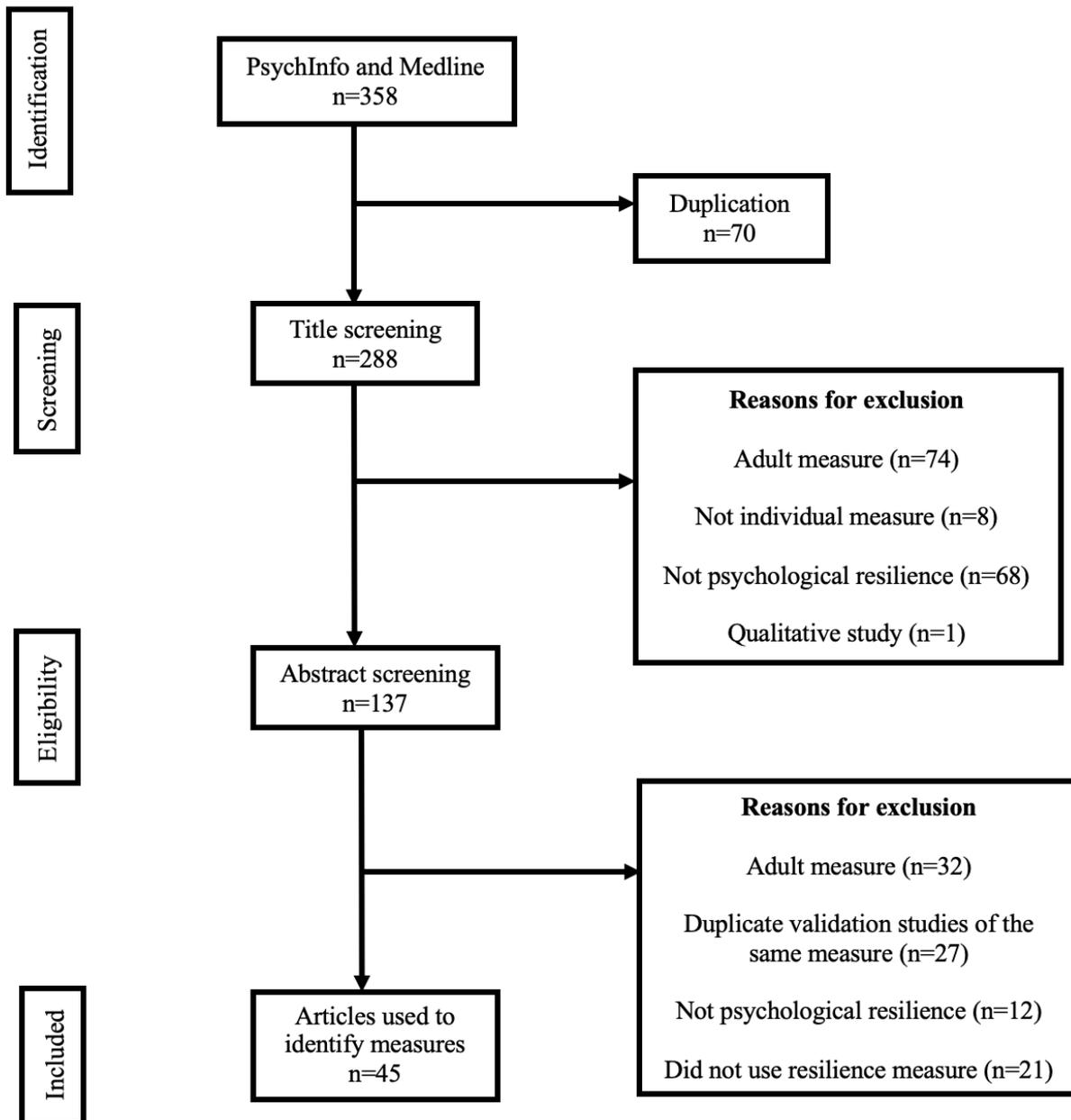


Figure 1. PRISMA diagram of literature search strategy to identify relevant resiliency measures (Moher et al, 2009)

Table 4. Resilience measures used in subsequent literature search

	Measure	Authors
1	Adolescent Resilience Questionnaire (ARQ)	Gartland, Bond, Olsson, Buzwell & Sawyer (2011)
2	California Healthy Kids Survey- The Resiliency Survey (TRS)	Sun & Stewart (2007)
3	Child and Youth Resilience Measure (CYRM)	Ungar & Liebenberg (2011)
4	Connor-Davidson Resilience Scale (CD-RISC)	Connor & Davidson (2003)
5	Ego-resiliency	Bromley, Johnson & Cohen (2006)
6	Mexican Resilience Scale (MRS)	Gonzalez-Arratia, Saavedra, van Barneveld & Valdez (2013)
7	Resilience Questionnaire for Middle-adolescents in a Township School (R-MATS)	Mampane (2010)
8	Resilience Scale for Adolescents (READ)	Hjemdal et al. (2006)
9	Resilience Skills and Abilities Scale (RSAS)	Jew, Green & Kroger (1999)
10	Resilience Youth Development Module (RYDM)—part of California Healthy Kids Survey	Constantine & Benard, (2001)
11	Resiliency Scales for Children and Adolescents (RSCA)	Prince-Embury (2006)
12	Social Emotional Assets and Resilience Scales (SEARS)	Nese et al. 2012)
13	The Resiliency Scale (RS)	Wagnild & Young (1993)
14	The Resiliency Attitudes and Skills Profile (RASP)	Hurtes & Allen (2001)
15	Youth Resiliency: Assessing Developmental Strengths (YR:ADS)	Donnon & Hammond (2007)

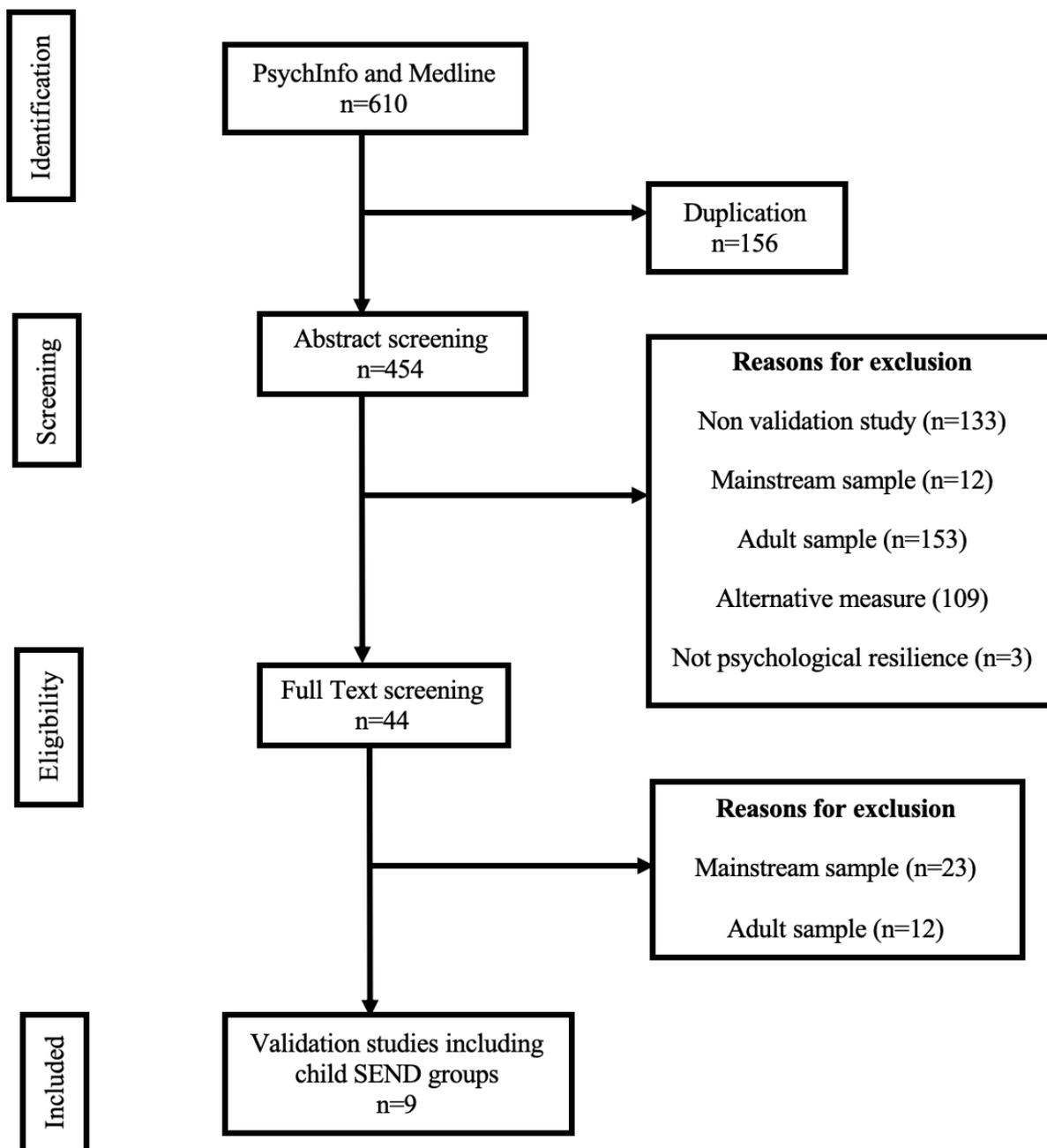


Figure 2. PRISMA diagram of literature search strategy to identify resiliency measures validated in SEND groups (Moher et al., 2009)

Readability

As a first measure of the suitability for a SEND population, all questionnaires identified by the processes above as having been validated within a SEND population were obtained and assessed for readability using standard criteria. This was to assess their suitability for use with CYP with mild global learning or specific reading difficulties.

Two common methods for assessing readability and comprehension difficulty are the ‘Flesch reading ease’ and the ‘Flesch-Kincaid grade level’ (Flesch, 1948). These scales use formulae of word and sentence length

to provide scores of readability and education level within a piece of text. Both measures have demonstrated excellent reproducibility and a high correlation to other readability scales, being used in previous studies (e.g. Paasche-Orlow, Taylor & Brancati, 2003). Microsoft Word was used to determine readability using Flesch-Kincaid grade formula, as in other published studies (Boles, Liu & November-Rider, 2016).

Results

Readability

As shown in Table 5, measures display variation in reading age and ease of comprehension ratings. Reading grade level of all measures varied from grade 3.1 (7-8 years; RSCA) to grade 6.1 (11-12 years; CYRM-58). Therefore these are all accessible for those with average reading age of the UK populations (8th Grade, 13-14 years old). Only the CYRM-58 would not meet recommendations for accessible information to be aimed at grades 5-6 (10- 11 years old) (Wilson, 2009). However, CYP with global or specific learning difficulties may have a reading age significantly below their chronological age, for example 21% of secondary students with LD are estimated to be at least five grade levels below their peers in reading (National Joint Committee for Learning Disabilities, 2008). Therefore it is not clear if these measures would be consistently accessible for younger teenagers or those with reading delays.

Table 5. Measure readability characteristics

Measure	Items	Scale	Flesch-Kincaid Grade Level	Flesch Reading Ease	Informant
CYRM-28	28	5-point Likert	5.7	67.2	Self
RSCA	64	5-point Likert	3.1	94.8	Self
RASP	34	6-point Likert	3.7	84.6	Self
RS-14	14	7-point Likert	5.5	69.7	Self
CYRM-R	17	3-point Likert	5.9	69.6	Self
CYRM-58	58	5-point Likert	6.1	71.8	Self
CYRM-12	12	5-point Likert	5.6	71.1	Self

Reading ease scores ranged from 67.2 (CYRM-28) to 94.8 (RSCA), indicating all measures were well written and easy to follow (Flesch, 1948). However, some CYP with SEND are likely to have difficulties relating to comprehension. Individual ability should be considered when using resiliency measures, to accommodate completion challenges and ensure accuracy.

Although the Flesch Kincaid method assesses comprehension level to some extent, recent research suggests comprehension may be hampered by an ability to draw inferences as much as dealing with complex sentence structure. As yet there is no reliable method for assessing inference skill level needed to read text (Oakhill, Cain & Elbro, 2015).

Measure Validation in SEND Groups

Only four measures (CYRM, RSCA, RS and RASP) have published validation studies including CYP SEND populations. One measure (RASP) included a SEN population during its original sample, the remainder have been later validated in additional groups. Only two measures (CYRM-28; RSCA) have received validation in more than one SEND population. These nine validation studies will be described by measure below, with a summary displayed in Table 5.

Child and Youth Resilience Measure (CYRM)

The CYRM was initially created using mixed methods data from 11 countries (Ungar & Liebenberg, 2011), resulting in a 58-item measure. This was subsequently reduced to 28 items (CYRM-28) now used across a variety of countries (Liebenberg, Ungar, & van de Vijver, 2012). The CYRM typically uses a 5-point Likert scale (*1= not at all- 5=a lot*) and includes statements such as *“I am aware of my own strengths”*. Five studies using CRYM variations were considered relevant to this review.

Table 6. Summary of validation studies

Measure	Authors	Population (Location)	Age	Gender	Ethnicity	Reliability	Validity
Child and Youth Resilience Measure-28 (CYRM-28)	Sanders, Munford, Thimasarn-Anwar & Liebenberg (2015)	At-risk Youth (New Zealand)	12 to 17 years (M=15.3; SD=1.1),	58.7% male	Maori (44%), Pacific (21%), Pakeha (33%) and other (2%)	<p>Internal Consistency: ‘Acceptable’ for the 4 components identified by the CFA/EFA analyses ($\alpha=.66$ to $.81$).</p> <p>Test-retest reliability Administered a month apart to a subgroup of 38 mainstream youth. No significant differences between Time 1 and Time 2 for overall score or for the 4 components</p>	<p>Construct validity ‘Good’. Pro-sociality and life satisfaction had significant positive associations with the CYRM-28 and sub-scales. Two caregiving relationship quality measures showed positive associations with the CYRM-28</p> <p>Floor/ceiling effects No floor or ceiling effects identified with the CYRM-28 total scale. No participants scored the lowest or highest possible scores</p>
Child and Youth Resilience Measure-28 (CYRM-28)	Liebenberg, Ungar & Van de Vijver (2012)	Youth with complex needs (Canada)	<p>Sample 1: M=16.85 years (SD=1.868)</p> <p>Sample 2: M=15.96 years (SD=1.785)</p>	<p>Sample 1: 56.5% male</p> <p>Sample 2: 57.3% male</p>	44.3% self-identifying as visible minorities	<p>Internal Consistency Internal consistency of the 3 components assessed. α ranged from $.65$ to $.91$ (deemed acceptable in all cases)</p> <p>Test-retest reliability: Repeated in a subsample of street engaged youth 3-5 weeks apart (22 girls, and 31 boys; M=18 years; SD=2.005). No significant differences between Time 1 and Time 2 across all 3 components</p>	<p>Floor/ceiling effects No floor or ceiling effects detected. No participants scored lowest possible score. 1 participant (0.2%) obtained maximum score in the first sample of youth, and 4 (1%) in the second sample.</p>

Child and Youth Resilience Measure-Revised (CYRM-R)	Jefferies, McGarrigle & Ungar (2018)	At-risk Youth (Canada)	11–19 years (M = 14.96, SD = 1.56)	55% male	Not reported	Internal Consistency: Examined the Person-Separation Index statistic (PSI) and Cronbach's α . Intra/interpersonal resilience subscale: α = .82; PSI = .74. Caregiver resilience subscale = PSI = .71; α = .82. Both scales indicate an ability to differentiate between two groups	Floor/ceiling effects Ceiling effects present on both sub-scales
Child and Youth Resilience Measure-12 (CYRM-12)	Liebenberg, Ungar & LeBlanc (2013)	Multiple-Service-Using Youth (Canada)	14 to 22 years (M = 18 years; SD = 2.017)	37% female	Not reported	Internal Consistency Cronbach's Alpha for the 12 items was considered satisfactory (α = 0.840)	Content Validity Content validity deemed sufficient
Child and Youth Resilience Measure-58 (CYRM-58)	Montoya, Restreo, Duque & Ungar (2011)	Youth with Deviant Behaviours (Columbia)	Not reported	Not reported	Not reported	Test-retest reliability A convenience sample of 22 youths between 14-23 years enrolled in a sports school or a local university. Interval of 2 weeks	Predictive Validity Questions show different scores in the resilient group compared to individuals with risk behaviors and the control group Construct Validity Did not yield variable groupings or constructs that were satisfactorily consistent with existing ecological theory
Resiliency Scales for Children and Adolescents (RSCA)	Gibson & Clarbour (2017)	Incarcerated Male Adolescent Offenders (UK)	M= 209 months (SD 7.61) =17 years and 4 months	100% male	Not reported	Internal Consistency: Internal consistency of the three factors was found to be excellent (α = MAS .91, REL .93 and REA .92)	Criterion (Concurrent Validity) Associations between the 3 subscales and the Beck Youth Inventory-II found

Resiliency Scales for Children and Adolescents (RSCA)	Prince-Embury (2010)	Child and Adolescent Outpatient Clinical Samples (USA)	<p>Child sample: 9 to 14 years. Distribution= 9 years (19%), 10 years (24%), 11 years (19%), 12 years (19%), 13 years (10%), and 14 years (8%)</p> <p>Adolescent sample: aged 15 to 18 years. Distribution equal across 4 years</p>	<p>Child: 49% females and 51% males</p> <p>Adolescent: 49% females and 51% males</p>	<p>Child sample: White (74%), Hispanic (10%), Black (9%), Other (7%)</p> <p>Adolescent sample: White (66%), Hispanic (15%), Black (7%), Other (8%), and Asian (4%)</p>	<p>Internal Consistency (child sample): Three global scales $\alpha=0.82-90$. REL= ($\alpha=.90$); REA ($\alpha=.89$) were good/excellent and comparable with normative samples. MAS ($\alpha=.82$;) good but slightly less than the normative sample</p> <p>Internal Consistency (adolescent sample): Three global scales $\alpha=0.92-94$. REL ($\alpha=.94$); REA ($\alpha=.92$); MAS ($\alpha=.93$) excellent and comparable to the normal sample</p>	
The Resilience Scale-14 (RS-14)	Surzykiewicz, Konaszewski & Wagnild (2019)	Special Needs or Attending Probation Centres (Poland)	<p>Sample 1- adolescents (n=400)= 13 to 17 years ($M = 14.22$, $SD = 0.86$)</p> <p>Sample 2-early adulthood (n=1659)= 19–27 years ($M = 22.56$, $SD = 1.82$)</p> <p>Sample 3— problem group ($N = 656$). 3 groups: 1. ($N = 116$) 13 to</p>	<p>Sample 1: female= 58.3%</p> <p>Sample 2: female=82.3%</p> <p>Sample 3: Group 1= 75% male</p>	Not reported	<p>Internal Consistency: Cronbach's α of created factor was 0.853 (total sample), confirms high consistency. No significant differences in consistency observed across the 3 samples (α ranged between 0.824-0.871)</p> <p>Test-retest reliability Carried out in a group of 42 university students. No significant change in scores over 4-week period</p>	<p>Construct Validity Measured on different sample (university students and juveniles from Youth Educational Centre's). Correlations calculated between RS–14 and SWLS, 3 subscales of the KADS and PSS. Life satisfaction positively associated with resilience. Depression negatively correlated with resilience in special needs group</p>

17 years old ($M = 15.01, SD = 1.48$)
 2. $N = 293$, 13–18 years old, $M = 16.02, SD = 1.22$)
 3. $N = 247$, 13 to 18 years old ($M = 16.53, SD = 0.98$).

The Resiliency Attitudes and Skills Profile (RASP)	Hurtes, & Allen (2001)	Youth attending therapeutic camps (USA)	Site 1 (n=274): 12 to 19 years Site 2 (n=190): 12 to 17 years	Site 1: 58% male Site 2: 88% male	Site 1: 48% African American, 37% of Haitian descent Site 2: 71% white/non-Hispanic 23% African American	Internal Consistency Achieved α of .91, indicating strong internal consistency for the total scale. For the 7 sub-scales α levels ranged between .49 and .71 Test-retest reliability Only tested on Site 1. Stability of RASP across administrations was quite strong. Relationship between overall concept of resiliency at Time 1 and Time 2 (5 days) was .94 and was significant ($p < .001$) indicating good stability	Construct (Convergent) Validity Relationship between resilience and psychological well-being and psychological distress (as measured by the Mental Health Inventory, Veit & Ware, 1983). Relationships significant and in the appropriate directions Construct Validity Investigated using Structural equation modelling (SEM). RASP structure was established using data from Site 1 and cross-validated with Site 2. The 7 dimensions were significantly related to the overall construct of resiliency. Significant covariances between insight and relationships, and between creativity and humour
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*Note that terminology used such as “strong” and “excellent” are as reported in associated studies which show some variation in terminology and classification

Child and Youth Resilience Measure-28 (CYRM-28)

Two studies (Sanders, Munford, Thimasarn-Anwar & Liebenberg, 2015; Jefferies, McGarrigle & Ungar, 2018; Liebenberg, Ungar & Van de Vijver, 2012) undertook validation of the CYRM-28.

Population

Sanders et al. (2015) used the CYRM-28 in 'at-risk' youth. Participants were purposively selected from the Youth Transitions Study (N=1,366), with selection based on participants risk of not graduating high school or being users of services working with high risk youth (juvenile justice, child welfare, education additional to mainstream classroom programming and mental health). The sample was 58.7% male, ranging from 12 to 17 years old, with identified ethnic groups as predominantly Maori, as well as Pacific and Pakeha. The SEND sample was compared to 593 controls, matched by age, gender, ethnicity and community, recruited from schools and community organisations who were considered to have had more typically 'normal' developmental opportunities.

Liebenberg et al. (2012) completed validation of the CYRM-28 among Canadian youth with complex needs. This was administered to two purposive samples (n1=497; n2=410) from the PtR study, as above. In sample 1, mean age was 16.85 years, with 56.5% of the participants being male and 44.3% self-identifying as having visible minority status. In sample 2, mean age was 15.96 years, with 57.3% of the participants being male and 66% self-identifying as having visible minority status.

Reliability

Differing factor structures were identified across studies using this measure, which may suggest the concept of resilience varies across groups. For Sanders et al. (2015), exploratory factor analysis (EFA) identified a four-scale structure: family, individual, social/cultural and spiritual/community. The reliability coefficient was strong overall, and for the four components was deemed acceptable in all cases. Liebenberg et al. (2012) undertook Confirmatory Factor Analysis (CFA), revealing three subscales: 'individual, 'relational, and 'contextual' resilience. Component internal reliability was deemed acceptable in all cases. Main effects were found for gender and visible ethnic status, with

females and visible minorities scoring higher on all eight variables. However, further analysis suggested visible ethnic status played a larger role in differences than gender or age.

Within Liebenberg et al. (2012), test-retest reliability was established by administration to a subsample of ‘street engaged’ youth 3- to 5-weeks apart. Sanders et al. (2015) reported reliability tests demonstrating the four subscales were stable over one month, when re-administered to a subgroup of 38 youth.

Validity

Within the Saunders et al. (2015) study construct validity was deemed good, with the CYRM-28 and sub-scales having significant positive associations with pro-sociality and life satisfaction measures.

Conclusion

Sanders et al. (2015) concluded their study added confidence that the CYRM-28 is a culturally sensitive measure of resilience, able to assess many aspects of resilience resources in at risk youth. In addition, Liebenberg et al. (2012) concluded their study lends confidence to use of the CYRM-28 to measure resilience-associated processes, with potential for use in both clinical practice and research.

Limitations

Within the Liebenberg et al. (2012), although sample size was large, participation was not randomised. Re-test reliability was also examined on a population without SEND, therefore limiting generalisability of conclusions. In addition, the presence of main effects suggests caution should be taken when administering this measure across varied gender and ethnic groups. Limitations for the Sanders et al. (2015) included participation being non-randomised due to matching across groups; however it is unclear whether researchers were blinded to participant grouping during administration or scoring. In addition, test re-test reliability data was established on a small sample limiting conclusion generalisability.

Child and Youth Resilience Measure-Revised (CYRM-R)

Jefferies, McGarrigle and Ungar (2018) used Rasch analysis to improve the CYRM-28’s psychometric

properties. The revised CYRM (CYRM-R) was created by using EFA, establishing a 23-item, three factor solution ('intra/interpersonal resilience', 'caregiver resilience', and 'spirituality/community attachment'). This was then subject to Rasch analyses, resulting in a 17-item measure with two subscales: 'Intra/Interpersonal Resilience' and 'Caregiver Resilience'.

Population

The sample was obtained from the Pathways to Resilience (PtR) study, comprising 226 males and 182 females, 11–19 years. Participants were users of at least one mandated service, with participant referrals from child protection workers, mental health counsellors, corrections officers, school guidance counsellors and community groups working with at-risk youth.

Reliability

Analysis found good full-scale reliability and indicated subscale ability to differentiate between two groups of individuals with varying resilience.

Validity

Females scored significantly higher than males and there were recurrent ceiling effects across both sub-scales.

Conclusion

Jefferies et al. (2018) concluded the CYRM-R is a psychometrically robust measure, recommending it for use by researchers and practitioners to assess resilience in a given context.

Limitations

Study limitations include lacking information regarding characteristics of participant sample, such as numbers of participants per service or ethnic status. In addition, no retest reliability or convergent validity data were provided.

Child and Youth Resilience Measure-12 (CYRM-12)

Liebenberg, Ungar and LeBlanc (2013) completed reduction and validation of the CYRM-28 to a 12-item measure (CYRM-12).

Population

Two samples were involved; multiple-service-using youth from the PtR Study (n=122) and a school-based sample (n=1494). Within the former sample, nominations came from justice (41.8%), education (0.8%), child and family services (13.9%), community-based service providers (38.5%) and mental health and addictions (4.9%). Participants were aged 14-22 years, with 63% male. The latter sample comprised 1,574 students attending public schools, aged between 10 and 18 years, 53% female.

Reliability

Three iterations of Exploratory Factor Analysis (EFA) were conducted on SEN sample data to identify CYRM-12 items. The third analysis of the 12 items resulted in a four-factor solution (however these factors were not explicitly named within the paper), with satisfactory reliability. CFA was then conducted on the mainstream sample, also suggesting satisfactory reliability.

Validity

Content validity of the measure was deemed sufficient.

Conclusion

Authors concluded results supported CYRM-12 use as a screener for adolescent resilience processes amongst youth.

Limitations

Limitations include measure administration via interview, which may have impacted demand characteristics, and measure validation via CFA only being conducted on the mainstream sample.

Child and Youth Resilience Measure-58 (CYRM-58)

Montoya, Restreo, Duque and Ungar (2011) completed a validation study of the Spanish version of the CYRM-58 amongst CYP. This was administered to participants in Spanish; however the measure was subject to translation tests to ensure interpretative accuracy.

Population

Participants allocated to three groups following interview with a psychologist; resilient (n=39), youth with risky behaviours (n=43), and controls (n=66). These were matched by age and sex.

Reliability

Retest reliability was investigated using 22 youths between 14 and 23 years from a sports school or a local university, with an interval of 2 weeks. Reproducibility ranged 75–86%, with authors concluding this signified an adequate degree of correlation.

Validity

Predictive validity analysis revealed different scores in the resilient group compared to individuals with risk behaviours and controls. Construct Validity analyses did not yield variable groupings or constructs satisfactorily consistent with existing ecological theory on which the questionnaire was based. The resulting constructs were not listed within the paper.

Limitations

Authors highlight the lack of construct validity as a major limitation of the study. In addition, limitations include completion of reproducibility and predictive validity on different samples. Moreover, the resilience definition utilised could be considered somewhat elevated, such as a '*superior academic performance*' and may have created an artificially high division between groups. Finally, risk factors identified were broad without clear rationale, such as having a parent who has been murdered or disappeared, to being sexually abused or an abrupt decline in household income during the last year.

Resiliency Scales for Children and Adolescents (RSCA)

The RSCA (Prince-Embury, 2008) aims to measure resiliency-related qualities and vulnerabilities in CYP aged 9–18 years. RSCA items use a 5-point Likert scale (0=*never* to 4=*almost always*) to measure three global scales: Sense of Relatedness (REL; 24 items), Sense of Mastery (MAS; 20 items) and Emotional Reactivity (REA; 20 items). Each global scale consists of a group of sub-scales. Global scales alpha coefficients indicated good internal consistency, with test–retest reliability supported over a twelve-day

interval. The RSCA was correlated with the Beck Youth Inventories 2nd Edition (BYI-II; Beck, Beck, Jolly, & Steer, 2005) to establish validity. Two studies (Gibson & Clarbour, 2017; Prince-Embury, 2010) undertook validation of the RASP.

Participants

Gibson and Clarbour (2017) explored RSCA factor structure in UK adolescent offenders within a Youth Offender Institute (YOI). Participants were 366 male adolescent offenders in England, with mean age 17 years and 4 months.

Prince-Embury (2010) explored RSCA usability within child and adolescent samples receiving outpatient treatment. Criteria for inclusion was a Primary Axis 1 diagnosis from the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (DSM-IV; American Psychiatric Association, 2000), made within the 3 months prior to participation and given on the basis of a structured diagnostic tool and interview by a clinician. Diagnoses were checked for score consistency on the BYI-II (Beck et al., 2005). The child sample (n=110) comprised 51% males, aged 9 to 14 years diagnosed with ADHD (36%), conduct (23%), depressive (18%) and anxiety disorders (23%). Ethnicity was predominantly White (74%). The adolescent sample (n=178) comprised 51% males, aged 15 to 18 years diagnosed with depressive (31%), conduct (26%) and anxiety disorders (19%) and a mixed clinical group (24%). Again, ethnicity was predominantly included White (66%).

Reliability

Internal consistency within the child sample across the three global scales was good to excellent, and in the adolescent sample was excellent and comparable to the normal sample (Prince-Embury, 2010). In the sample of adolescent offenders, internal consistency was found to be excellent across the three factors (Gibson & Clarbour, 2017).

Validity

Within Gibson and Clarbour's (2017) study, CFA was used to investigate the fit of the original three-factor model. It was not possible to confirm factor structure at item level due to item volume, therefore authors opted to complete a parcel (subscale) analysis using the 10 subscales. MAS and

REL factors were shown to have a strong positive correlation, raising uncertainty to the discriminant validity of these two factors. The possibility of a two-factor model was also explored, whereby subscales of self-efficacy, adaptability, trust, optimism, access to support, tolerance of differences and social comfort were constrained to load onto the same factor. The subscales of self-impairment, sensitivity and recovery were used as indicators for the second factor. However greater statistical support was found for the three-factor model.

To explore concurrent validation, relationship between the scales 3 factors and the BYI-II (Beck et al., 2005). Higher MAS and REL scores were associated with positive self-concept and lower levels of anger, disruptive behaviour, depression and anxiety. Higher REA scores were associated with higher levels of depression, anxiety, anger, disruptive behaviour and a small negative relationship with positive self-concept, offering support for the concurrent validity.

No validity data was reported by Prince-Embury (2010).

Conclusion

Prince-Embury (2010) concluded that these findings supported RSCA use in examining dimensions of normal development within clinical samples. Gibson and Clarbour (2017) claimed their study offers support for the internal structure of the RSCA with UK male adolescent offenders, supporting use in identifying CYP who may benefit from additional support, and in assessment/treatment/intervention planning. However, they promote caution when interpreting results of the lower level subscales, suggesting clinicians instead focus upon main factor outcomes.

Limitations

Within Gibson and Clarbour's (2017) study, limitations included inclusion of only male participants and lack of test-retest reliability data. In addition, some participants were supported to complete measures if they indicated a participation barrier, which may have impacted demand characteristics. Moreover, participants were accessed via a single institution, limiting generalisability to CYP within other establishments. Within Prince-Embury's (2010) study, unexamined disparities were present between age groups both in diagnostic make-up and ethnicity, limiting conclusions that can be drawn

about effects of difference. In addition, no re-test or construct validity data were offered, further limiting conclusions that can be drawn within a clinical sample.

The Resilience Scale-14 (RS-14)

The original RS comprised 25 items (RS-25; Wagnild & Young, 1993), but underwent reduction to 14 items (RS-14) to decrease completion time (Wagnild, 2009). Authors view resilience as a personality characteristic, with items including “*I have self-discipline*”. Reported psychometric properties include high reliability, a strong correlation with the RS-25 and a robust one-factor measure replicated across different studies (Wagnild, 2014). Surzykiewicz et al. (2019) undertook validation of the Polish version of the RS-14.

Participants

The SEN sample consisted of three groups: socially maladjusted juveniles from probation centres (N = 116, 13- 17 years old); adolescents with psycho-social impairments attending Youth Socio-therapy Centres (N = 293, aged 13–18 years old) and adolescents externalizing educational difficulties at Youth Educational Centres (N = 247, 13-8 years old).

Reliability

Test-retest reliability analysis completed in a group of 42 university students four weeks after first administration indicated stability.

Validity

CFA and EFA indicated the RS-14 held good construct validity to the original single factor model suggested previously (Wagnild, 2009). Invariance was found for sex and age, indicating different genders and ages report similarly. To assess construct validity, score correlations were calculated between the RS–14 and the Satisfaction with Life Scale (SWLS; Diener, Emmons, Larsen & Griffin, 1985), three subscales of the Kutcher Adolescent Depression Scale (KADS; Brooks, Krulewicz & Kutcher, 2003) and the Perceived Stress Scale (PSS; Cohen, Kamarck, & Mermelstein, 1983). This analysis was conducted on a different sample, comprising university students (n = 382) and predominately male adolescents with externalizing educational difficulties (n = 120). Life satisfaction was positively associated with resilience (RS-14) and the KADS depression scale was

negatively correlated with resilience in the SEN group.

Conclusion

Authors suggested results support RS-14 use within Polish CYP, regardless of gender, age, and specificity of individual and institutional determinants.

Limitations

Study limitations include the use of an alternative population to complete retest reliability and construct validity analysis, and purposive participant sampling. In addition, limited information was provided about the needs of those within the SEN groups, therefore presenting difficulties ascertaining applicability to specific populations.

The Resiliency Attitudes and Skills Profile (RASP)

Of the measures discussed, only the RASP used a non-mainstream population within the original validation study (Hurtes, & Allen, 2001). This was originally created for measuring resilience within recreation and other social services.

Participants

Participants comprised groups across two sites; a summer programme (Site 1; n=274; 12-19 years) and therapeutic wilderness camps (Site 2; n=190; 12-17 years). Camp admission criteria were; DSM IV Axis I or Axis II diagnosis, an IQ above 75, ability to benefit from peer relationships, capacity to understand cause and effect relationships and behaviour problems effecting continuation in the home. In site 1 58% of participants were male, 48% were African American and 37% were of Haitian descent. In site 2 88% were male, 71% were white/non-Hispanic and 23% were African American.

Reliability

Internal consistency was strong for the total scale. Alpha coefficients for these were lower, for the sub-scales (.49-.71). Retest reliability was reported as quite strong over a five-day period.

Validity

Convergent validity was investigated using the Mental Health Inventory (MHI, Veit & Ware, 1983) measuring psychological wellbeing and distress, with significant and appropriate relationships found. Construct validity was investigated using by cross validating site data to examine applicability of the first model to the second data set. Each dimension remained significantly related to the overall resiliency construct, however significant covariances existed between the two sets of dimensions across sites. Significant differences between fit indices across sites suggested an acceptable level of construct validity.

Conclusions

Authors noted the contraindicative goodness of fit indices meant appropriateness of use across different youth populations is questionable. Therefore, the RASP was not prepared for use in CYP with diagnosed mental health conditions. However, authors did support utility of the RASP as a programme evaluation tool for mainstream populations, advising use of the measure as a whole due to the higher internal consistency.

Limitations

Limitations included the use of only Site 1 participants for retest reliability and the short time frame for recompletion. However, authors claim this was timing was selected to control for possible increases in resilience scores due to the programme participants were attending.

Critique and Synthesis

Considering psychometric properties of resilience measures is multifaceted, due to a widely heterogenous population and inconsistency in instrument selection. The aforementioned studies have varied significantly in their focus; therefore no measures have received comprehensive evaluation of all psychometric properties within SEND populations.

Study Quality

Differing views exist on quality appraisal tool use for study evaluation, with some highlighting lacking

support for their development and implementation (Katrack, Bialocerkowski, Kumar, Massy-Westropp & Grimmer, 2004). Each study was reviewed using an amended version of the Hagströmer- Bowles Checklist, designed to assess validation studies (Hagstromer, Ainsworth, Kwak & Bowles, 2012; Appendices B & C). However, Booth, Sutton and Papaioannou (2012) suggest checklists can mislead conclusions if strictly applied, therefore this were used as a guide to systematically critique, but not to attribute ‘scores’ or exclude studies. Appraisal indicated limitations in all studies and the body of work generally, meaning findings need to be considered with caution. The below sections consider limitations within themes, which are then incorporated into final conclusions.

Samples

Significant heterogeneity exists within and between samples used, representing CYP with a broad range of difficulties. For example, three studies used samples from the PtR study, which includes youth using child protection, mental health, corrections, school guidance and community services. It could be argued that CYP using these services present with differing needs, however study results do not distinguish by group.

Therefore it is difficult to ascertain the applicability of findings to groups with specific needs.

Moreover, it could be argued that the samples used within these studies share most characteristics with those in the ‘SEMH’ primary need type, making up 17.1% of students with SEND in UK schools (DoE, 2019).

However, this highlights the lacking inclusion of students with other common SEND needs including SLC, ASD and Learning Difficulties, which make up 21.7%, 11% and 35.6% of UK primary need type (DoE, 2019). Therefore, finding relevance to students with other primary need types will be limited.

Age

Validation studies included participants of varying age ranges, however most commonly these covered teenage years. This is aligned with previous findings suggesting a general paucity of resiliency measures targeting youth under age twelve (Windle et al., 2011). It has been argued that the developmental tasks associated with resilience change over time (Masten & O’Dougherty Wright, 2010). The age range (11-19 years) represents a variety of developmental characteristics and pubertal related changes. Age-related differences were reported within the validation studies, for example younger participants were found to

score higher on the spirituality/community sub-scale within the CYRM-R (Jefferies et al., 2019). As a result of the large age ranges across a key time in human development, the extent to which these validation findings can be generalised to younger children is likely limited.

Gender

Validation studies largely had a higher rate of male participants, with rates varying from 55% to 100% and reflecting the higher prevalence of SEND in boys in the UK (DoE, 2019). Previous research has highlighted the significant differences in resilience between genders (Iimura & Taku, 2018; Gulbrandsen, 2016).

Although some validation studies reported no significant effects of gender (Sanders et al., 2015; Surzykiewicz et al., 2019), this could be limited by the lesser number of female participants. Therefore the significance of findings for female CYP with SEND should be critically considered.

Culture and Ethnicity

Resilience related patterns of functioning are contextually distinct, impacted by race, ethnicity, and culture (Ungar & Liebenberg, 2009). Some results found significant differences according to participants ethnicity (Liebenberg et al. 2012; Sanders et al., 2015), offering support to this argument.

However, no measures were written by British researchers using UK populations. Only validation study discussed was completed within the UK (Gibson & Clarbour, 2017) and participant ethnicity was unreported. This means it is not possible to ascertain whether participants share similarities with groups of greatest SEND prevalence, such as travellers of Irish heritage and Gypsy/Roma pupils (DoE, 2019). Therefore, it is questionable whether results in other countries are transferable and applicable to a UK population or can be applied to those from other ethnic groups.

Informant Administered Measures

All measures used self-report format, with none incorporating informant judgements (e.g. parents or teachers) into scores. Information given by other informant may minimise possible effects of lack of insight, misinterpretation or poor comprehension abilities. Moreover, the addition of clinician-rated assessments in

resilience research may provide a higher validity tool from which to assess predictive and convergent validity.

Construct Validity

Construct validity refers to how well a construct is translated into a functioning and operating reality (Drost, 2011). Considering variability in resilience definition and conceptualisation, it is unsurprising that studies reporting construct validity have utilised different comparison measures. For example, Sanders et al. (2015) considered associations between the CYRM-28 and two caregiver relationship measures, a life-satisfaction measure (SWLS; Diener et al, 1985) and a pro-sociality measure (SDQ, Goodman, 2001). In contrast, Surzykiewicz et al. (2019) chose to compare resilience scores on the RS-14 to a depression scale (KADS, Brooks et al., 2003) a Perceived Stress Scale (PSS; Cohen et al., 1983) and SWLS (Diener et al., 1985).

Although all authors reported hypothesised correlations/associations between their selected measures, this highlights the challenges posed by the study of resilience finding support for differing definitions or conceptualisations. For example, the CYRM-28 is considered a measure incorporating community or cultural factors into its definition, in contrast to the RS-14 being based on individual factors (Burt & Paysnick, 2012), with these differences reflected in measure choice. Therefore, although all claim to be assessing resilience, these results support arguments that resilience is not a universal concept and has been defined and measured differently across groups.

Factor analysis provides information about reliability, item quality, and construct validity of measures, aiming to understand whether scale items reflect underlying hypothetical construct/s. Two major types of FA exist; EFA and CFA, with the major difference being that EFA aims to discover factor number without specifying which items load on which factors. Analysis across studies offers some support for measure validity in assessing resilience in those with SEND. For example the RS-14 held good construct validity to the original single factor model (Surzykiewicz et al., 2019), in addition to Gibson and Clarbour (2017) finding support for the original RSCA three-factor mode despite considering alternatives. As the number of factors does not differ between SEND and mainstream groups, this could suggest the construct does not

differ dependant on status (mainstream vs non-mainstream).

However, also of note is that Liebenberg et al. (2012) found a three-factor structure during their analysis of the CYRM-28, whereas a NZ sample resulted in a four-factor structure (Sanders et al., 2015). Authors attributed these disparities to cultural differences in samples, however it could also be hypothesised that these alternative structures are representative of divergence in participant presentation, as limited detail was provided about participant needs. Therefore, it may be that under a broad measure of resilience, different types of SEND population present their resilience (or lacking resilience) in different ways, suggesting the need for carefully adapted measures to explore the complex relationship between resilience and SEND type. It also highlights that resilience as a 'one theory fits all' idea is unlikely to be the case - particularly for those with multiple stressors in their lives.

Internal Consistency

Internal consistency considers test component reliability, measuring consistency within the tool and questioning how well a set of items measures a behaviour or characteristic (Drost, 2011). Lacking internal consistency suggests the characteristic is not clearly defined. If a tool does not measure consistently in a control sample, the chances of finding intervention effects in a treatment group are slim. Therefore, scales sensitive enough to measure change are important in the determination of intervention efficacy (Prince-Embury, 2010).

Scores were generally deemed acceptable by authors, however some studies showed lower levels of internal consistency on subscales (Hurtes & Allen, 2001) or across groups (Surzykiewicz et al., 2019) again suggesting that the concept of resilience may be interpreted differently - even across the same instrument for a non-mainstream population.

Test-Retest Reliability

Test-retest reliability refers to test temporal stability from one measurement session to another, defined by score correlation at different times (Drost, 2011). Within SEN populations high test-retest reliability may

indicate questionnaire suitability, as when statements have been misunderstood, they are likely completed at random or uncompleted. Four studies did not provide any test-retest reliability data. Of the remaining five studies, only one completed reliability tests on SEND populations (Saunders et al., 2015) and this was a small sample size (n=38). Variability was also present in the time period used to ascertain reliability, from five days (Hurtes & Allen, 2001) up to five weeks (Liebenberg et al. 2012). This therefore limits conclusions that can be drawn when using these measures in non-mainstream groups, but may also highlight the associated difficulties of completing research within these populations.

Measure Length and Scaling

Of the measures included in validation studies, item number varied from 7 (CYRM-7) to 64 (RSCA). Having a short attention span is a common trait in those with SEND, contributing to tasks requiring high concentration over long periods being challenging (Asiry, Shen & Calder, 2015). Therefore, when considering applicability of measures, length of tools should be considered to support precise completion and the ability to draw accurate conclusions. However, it can be more difficult for shorter tests to demonstrate sound psychometric properties. For example, when less questionnaire items relate to specific constructs, less robustness data can be generated. Therefore ease of use should be sensitively balanced with reliability properties.

Scales within validation measures all used Likert formats, varying from three (CYRM-R) to seven points (RS-14). Likert scales may prove a helpful format for those with writing difficulties, offering a more accessible means of engagement. However, Likert formats still assume accurate and representative responses being internally generated by the respondent (Mellor & Moore, 2013), therefore consideration of cognitive abilities remains imperative. For example as students with ASD may be less likely to respond with 'always' or 'never' to questions not exactly matching their experiences, and younger children and those with poor verbal skills may be less able to respond to negatively worded items (Marsh, 1986).

Bias

Of note, some of the listed validation studies have been completed by the authors of the original measures

which may enhance risk of reduced author critique. Therefore, these measures (CYRM, RS, RSCA) would benefit from further evaluation by independent researchers.

Discussion

The review of published studies on resilience measures has shown that very few have been validated for a SEND population. Below, each of the common types of presentations within a SEND population are considered in light of the review above.

LD / SLC Needs

Across most validated measures, reading age and ease may be considered acceptable for CYP with LDs or SLC needs, dependent on individual ability. However, those deemed less accessible may benefit from alternative non-verbal formats such as the use of faces within scales. In addition, no validation studies included CYP who had been specifically selected for inclusion based on having a LD or SLC, meaning conclusions that can be drawn about use within these populations are limited. Furthermore, all questionnaire measures included within this review use a self-report format, which is unlikely to be suitable for those with severe LDs or SLC needs. In summary, at the current time no resiliency measure reviewed can be recommended for those within these populations.

ASD

For those with ASD no resiliency measures can currently be considered valid, due to this population's absence in study samples. Approximately 20-30% of people with a learning disability also have ASD (Emerson & Baines, 2010), contributing to further complexity surrounding validity within these groups. Some measures used for people with ASD are considered 'ASD-specific', such as the Social Responsiveness Scale (Constantino & Gruber, 2005), bringing into question whether resiliency measures should have a specific or parallel questionnaire for those with ASD.

Mentalisation is defined as the ability to infer the mental states of other people, and to use this information to predict behaviour (Frith, 2012). This skill is thought to be impaired in people with ASD, therefore requiring consideration when contemplating measures applicability. Mentalising has been considered as

independent of intellectual level (Baron-Cohen, 2001), therefore caution should be taken across the intellectual spectrum. A review of some measures would suggest significant mentalising ability is required for their completion. For example, the RSCA includes the statement “*people like me*” and the CYRM-28 includes “*people think I am fun to be with*”. However, measures such as the RS-14 have a greater individualistic focus and therefore may be more applicable for those with ASD.

Forensic Populations

Although having a forensic history is not of itself considered a SEN, evidence suggests heightened SEND prevalence within this group. The Ministry of Justice and DfE (2016) reported that for young offenders in custody at the end of Key Stage four, 45% were recorded as having SEN without a statement of educational needs, and 28% were recorded as having SEND with a statement. In addition, criminal behaviour could be considered as reflecting ‘social difficulties’ and therefore may share commonalities in presentations with SEMH populations.

Of validation studies reviewed, only one included a British population (Gibson & Clarbour, 2017), comprising adolescent offenders. Results offered support for RSCA utility across all three sub-scales. Although no information was provided about participant SEN status, when considering the aforementioned statistics it is highly likely that the participant population included some with SEN and consequently the results offer applicability. However, only male participants were included and therefore validation for use in females may require further study. Therefore, findings offer some support for the use of the RSCA with forensic and consequently SEN populations, whilst being mindful of individual differences.

SEMH

As aforementioned, validation populations could be considered most aligned with ‘SEMH- type’ presentations, with most studies offering support for their respective measures. A number of validation samples included those that could be considered to have ‘mental health’ (MH) SENDs, however these were often within larger samples comprising heterogenous groups. For CYP with varied MH diagnoses, support was found for use of the RSCA (Prince-Embury, 2010). As validation samples for other measures included greater heterogeneity, it could be suggested that most support is offered for the RSCA and this should be

recommended for use in CYP with MH primary needs.

Similarly, heterogeneity of samples with social SENs is present within the reviewed studies. Support was found for the use of the RS-14 within groups with psycho-social impairments, externalising educational difficulties or those that are socially maladjusted (Surzykiewicz et al., 2019). Again, when considering sample heterogeneity, it could be argued that the greatest support for those with social SENs may be found for the RS-14.

However, as none of these studies were completed with British populations or using measures developed by British research teams, clinicians should take caution when interpreting these findings cross-culturally.

Research Implications

As noted by academics in the area, significant challenges arise when attempting to make comparisons across resiliency research due to vast variability in the underlying construct definition. Results highlight the necessity for on-going, validation research regarding the utility of resiliency measures with SEND populations. However, the ways in which resilience is defined and subsequently measured requires attention. Given the multi-factorial nature of the concept of resilience, it is perhaps time that the concept was broken down into different sub-concepts. For example, educational resilience may be the ability to engage in school life and to reach one's potential in learning. Further research could explore if certain concepts such as 'mastery' are more related to the ability to do well despite adversity in education, compared to other settings.

Research completed in the UK and within SEND groups is needed to determine whether current resiliency measures are applicable. Given the cultural factors involved within resilience and adversity, and the lack of resiliency research within students with SEN, a greater level of understanding of what constitutes resilience within this population is needed. Further research should therefore aim to gain further understanding of resilience and its promotion within students with SEND, using co-produced knowledge and participatory methodologies wherever possible (Walmsley, 2004; Nind, 2008).

For some CYP with SEN it may be unrealistic to rely on self-report measures. It is common in wellbeing measures (such as the SDQ, Goodman, 2001) to use a multi-informant approach. However, previous studies have shown only low to modest agreement between children and parents (van der Meer, Dixon & Rose, 2008) and therefore further research should establish the utility of informant report, and how these relate to self-report resilience measures in CYP with SEN.

Clinical Implications

Despite the complexity of resiliency research, validation studies largely concluded that existing resilience measures can be used in populations with SEND. However whilst this suggests some early promise for the use of questionnaires with this population, lacking consistency in definitions during measurement as well as methodological limitations, hinders confidence in conclusions that can be drawn. In addition, as validation populations are most aligned with those presenting with SEMH difficulties, utility of these measures in groups with differential presentations is questionable. Clinicians using these measures need to consider the needs of their relevant populations, before making informed choices about questionnaire use and applicability.

By focusing on resilience within all those with SEND, services have the possibility of promoting and maintaining positive outcomes in a group known to be at-risk of worse outcomes. In addition to lessening distress, improving mental health outcomes in students with SEND may have positive effects on reducing pressure on specialist services. Resiliency questionnaires could offer a way of both identifying those who may benefit from target interventions and measuring outcomes over time, as well as offering a theoretical explanation for some presenting problems (for example where a young person has difficulties with emotional regulation). However, it would appear that even a decade later, despite theoretical progress in understanding of the resilience construct, validated measures allowing for thorough review of resilience processes remain underdeveloped (Masten, 2007; Windle et al., 2011) and much further work is needed.

Conclusion

Precise measurement of resilience is of paramount importance for accurate evaluation of clinical interventions aimed at its enhancement. This is of particular significance in CYP with SEND, who are at risk of worse outcomes in later life. However, the complexities associated with adversity and resilience as constructs have led to the development of a myriad of measures, appearing to assess differing aspects of resilience. In addition, the complexities of need with the SEND population means a number of competing factors must be taken into account when considering their implementation. Further validation of the use of resiliency measures is needed within UK groups with specific types of SEND to aid our understanding of resilience in a culturally relevant and applied way.

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JESSICA C. TOWNSEND

**RESILIENCE IN SCHOOLS FOR PUPILS WITH SOCIAL, EMOTIONAL AND
BEHAVIOURAL DIFFICULTIES**

Section B

Resilience within specialist schools; a Delphi study of student, staff and carer perspectives

Word count: 6881

A thesis submitted in partial fulfilment of the requirements of Canterbury Christ Church
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SALOMONS

CANTERBURY CHRIST CHURCH UNIVERISTY

Abstract

Background: Students with emotional, social and behavioural problems are at risk of worse outcomes in later life. Previous research has found that length of time in specialist schools can be predictive of improved student resilience, however the mechanisms by which specialist schools improve outcomes for these students remain unclear.

Objectives: This study investigated different stakeholders' views on the definition of resilience and its promotion within specialist provisions for students with social, emotional and behaviour difficulties (SEBD), as well as areas of between-group agreement and disagreement.

Method: A three-round Delphi method was employed. Thematic analysis of first-round focus groups informed development of a second-round quantitative questionnaire – completed across two schools by 82 education staff, 32 students, 29 care staff and 10 parents/carers. A third-round questionnaire finalised within- and between- group consensus.

Results: Groups attained consensus on themes defining resilience as; being prepared to attempt new challenges, coping, recovering and moving forward from challenges, developing healthy relationships, confidence and independence, managing emotions, reflecting on past experiences and learning from them, successfully engaging with school life and resilience being different for everyone. Participants endorsed statements relating to resilience promotion by; a flexible and individualised approach, staff behaviours and characteristics, a varied curriculum, staff actively supporting students in ways that may develop their resilience, school as a community who learn from and support each other, school creating consistency and safety, staff behaviours and characteristics, peer support and higher resourcing.

Discussion: The theoretical implications are considered. Limitations include high attrition rates between rounds and between-group divergence. Implications for clinical practice and further research are discussed, as well as the importance of completing research with this population, despite the challenges.

Key words: resilience, SEBD school, SEMH school, special school, adolescence

Introduction

Resilience is a complex and multidimensional concept which has long provided researchers with challenges (Kaplan, 2013). Its definition is subject to ongoing debate; however, a common theme within the literature is describing resilience as an individual's or system's capacity to return to normal functioning after exposure to an atypical stressor (Allan and Ungar 2014). Resilience research can focus on an individual, as well as the broader networks and environments which may impact resilience.

Confusingly, the term resilience has been used interchangeably, to describe both the processes which can protect wellbeing when individuals are facing hardship, and also the outcomes connected to positive adaption under strain (Seccombe, 2002). Some researchers have therefore begun distinguishing *resilience* from *resiliency*, arguing that resiliency is as an individual character trait and resilience a dynamic developmental process (Luthar, Cicchetti & Becker, 2000). This thesis will largely focus on factors which either may protect or have protected a person from adversity and allowed them to retain some elements of wellbeing, even when there are negative symptoms present. In line with Luthar et al. (2000), the term 'resilient' will be used when describing people or communities and 'resiliency resources' to describe factors identified in previous research as likely to help individuals or communities to recover or be protected from the effects of adversity.

Challenges in Resilience Research

Despite the large quantity of research on resilience over recent decades, a number of criticisms remain (Kaplan, 2013). Wide discrepancies exist in its definition and conceptualisation, as it can still be defined as a trait, process, or outcome. This variability contributes to challenges in comparing studies and can result in effects and interactions at multi-levels, leading to questions regarding both its concept validity (Kaplan, 2013) and applicability as a scientific construct (Luthar et al., 2000; Masten, 2001).

The multidimensional nature of resilience, whereby an individual can seem resilient in one outcome or situation but not in another (Cicchetti & Garmezy, 1993; Luthar, Doernberger & Zigler, 1993, Kaplan, 2013), has also been evidenced against the construct's validity. However, developmental outcomes are often

inconsistent across trajectories, and therefore it is unsurprising that resilience is shown more in some developmental outcomes than others (Flouri, Tzavidis & Kallis, 2010).

A lack of clarity also exists regarding how individuals are measured as being resilient if adversity has not been experienced. The term ‘bouncing back’ (Windle, 2011) implies that an individual had initially succumbed to adversity, suggesting that those young people who do not succumb to, or have not experienced, adverse situations may only have the potential for resilience. The subjectivity of ‘adversity’ and also how ‘bouncing back’ is measured also contributes to difficulties when deliberating the validity of resilience as a construct.

Despite these challenges, resilience has been adopted by governments and media as an alternative narrative to that of trauma and pathology, seeming unlikely to disappear in the near future (Department for Education [DfE], 2018; NHS, 2015; Public Health England [PHE], 2015). As a concept, resilience will remain complicated and difficult to define, but as Meins (2017) has suggested, it at least benefits from offering a dynamic and systemic view of development and well-being.

Role of Schools in Resilience

There is a widespread perception that children and young people (CYP) today are more troubled than in previous generations (Murphy & Fonagy, 2013). Data suggest an increase in the prevalence of mental health problems in 5 to 15-year olds, rising from 9.7% in 1999 and 10.1% in 2004, to 11.2% in 2017 (Office for National Statistics [ONS], 2018), however it is anticipated that only around a third of CYP will be able to access support by 2020 (Young Minds, 2018). These factors have led to an increased interest in understanding how resilience can be fostered in CYP, prior to the need for input from specialist mental health services.

Over the course of their education, CYP spend over 7,800 hours at school (Young Minds, 2017). Therefore, when considering socio-ecological theories of resilience, the school environment is a significant part of a child’s ecology, playing an important role in resilience development. Several policy papers (DfE, 2018; NHS, 2015; PHE, 2015) have highlighted the impact schools can have in these areas. Research in

mainstream school populations has highlighted numerous factors associated with resilience including: being more involved in school (Jones & Lafreniere, 2014); higher levels of student engagement, positive student-teacher relations (Borman & Overman, 2004); academic engagement (Fantuzzo, LeBoeuf, Rouse & Chen, 2012); having positive peer relationships in school (Graber, Turner & Madhill, 2015) and staff training (Read, Aldridge, Ala'L, Fraser & Fozdar, 2015). Moreover, some literature has suggested that teachers whom are receptive to their student's needs could serve as 'ad-hoc attachment figures'; offering a secure base for exploration and learning, whilst remaining a safe haven to return to when needing reassurance (Verschueren & Koomen, 2012). This may be particularly important within SEBD provisions, due to those with disorganised attachment behaviour more commonly being educated in specialist provisions due to associated behavioural challenges (Geddes, 2018).

Specialist School Provisions

The category of SEBD (Social, Emotional and Behavioural Difficulties) emerged in the UK within the 1990s, but has recognisable roots stretching back to the nineteenth century. Historically, students presenting with challenging needs were termed 'maladjusted', and it was not until 1944 that local authorities were required to provide them with education (Armstrong & Squires, 2012). Education for children with Special Educational Needs (SEN) then typically occurred in specialist education systems and away from mainstream provisions, due to concerns of a detrimental academic impact on peers. A shift in thinking was brought about in the 1970s with the influential Warnock Report (Warnock, 1978). This stated that children should be educated in mainstream schools wherever possible, emphasising inclusion and integration rather than segregated provisions, a view still largely followed today (Armstrong & Squires, 2012). However, alternative school provisions are still available for students considered most in need and have increasingly been regarded as being better placed than mainstream schools to offer education sufficiently flexible for the most vulnerable CYP with SEBD (de Jong & Griffiths, 2006).

The number of pupils within UK special schools has been increasing since 2006 (DoE, 2019). It has been suggested that SEBD is the most frequent predictor of poor life outcomes (Gutman, Brown, Akerman & Obolenskaya, 2010), with children exhibiting significant anti-social behaviour having poorer social

functioning and at higher risk of social exclusion as adults (Scott, Knapp, Henderson & Maughan, 2001). Absenteeism from school for physical assaults and disruptive behaviour are higher for pupils with SEBD (DfE, 2017) and negative long-term outcomes associated with childhood behavioural problems include; crime, suicidality and lacking qualifications (Friedli & World Health Organization [WHO], 2009).

Due to the complexity of the needs of students with SEBD, conclusions drawn from ‘mainstream’ populations may lack relevance and it is important that research is carried out specifically with students from non-mainstream populations. However, to date research involving CYP attending SEBD schools is limited and somewhat inconclusive (Cooper, 2008). Although some research has investigated the outcomes of pupils excluded from Pupil Referral Units (PRUs) and specialist schools (Macleod & Pirrie, 2010), little research exists concerning the non-academic outcomes of students attending SEBD provisions, such as different measures of well-being or measures of resilience.

A recent quantitative study investigating factors supporting student’s resilience development in SEBD settings (Neville, unpublished doctoral thesis), found a correlation between length of time at school and an increase in students’ scores over time on a resiliency questionnaire measure. However, factors in mainstream school studies thought to be related to resilience development, such as quality of connection to school and positive peer relationships did not significantly mediate this relationship. These results, therefore, suggest a role for specialist schools in fostering resilience, but it is possible that the mediators and processes involved in so increasing resilience are different from those found in research in mainstream schools. It may also be that understandings of resilience and how to enhance resilience differ in this population, and so would benefit from being explored further.

Inclusion of Children’s Views

“The better documented youth’s own constructions of resilience, the more likely it will be that those intervening identify specific aspects of resilience most relevant to health outcomes as defined by a particular population.” (Ungar 2008, p234)

A call is made within the resilience literature for research to be done *with*, not *at*, and to include those being studied *in* the study (Farthing, 2016). Many academics in the resilience field highlight the paramount importance of co-produced knowledge and using participatory methodologies (Walmsley, 2004; Nind, 2008). Despite the growth of research considering the views of CYP, the voices of CYP with SEBD are rarely heard, with few studies utilising the views of this population. Therefore, further resilience research involving SEBD students and using participatory methodologies is warranted.

Study Rationale

In summary, increasing our understanding of how resilience can be fostered in schools is imperative in promoting good mental health in CYP. Schools provide an accessible resource to promote resilience, offering the possibility of reducing pressure on already stretched specialist NHS services in a difficult economic climate. The conceptualisation and definition of resilience is subject to ongoing debate and calls have been made for further research in this area, as well as with SEN students using participatory methodologies. Therefore, this research can be considered in line with the NHS value that “everyone counts” (NHS, 2015).

Students in specialist schools often face higher adversity than those in mainstream and can present with differing educational and support needs. If attempts to enhance resilience are to be effective for students in SEBD provisions, it is important to consider how a range of people directly implicated within a school community understand the definition of resilience and how this may be promoted. The present study aims to add to existing knowledge by exploring how students, carers, education staff (ES) and care staff (CS) of SEBD schools understand resilience and its promotion, and the extent to which there is consensus among these stakeholder groups.

Research Aims

1. To explore how SEBD stakeholders (students, parents/carers, CS and ES) understand the definition of resilience for students within an SEBD school setting
2. To explore what specific school resources school stakeholders consider important in enhancing

student resilience within an SEBD school setting

3. To explore the level of agreement and disagreement between CS, ES, , students and parents/carers on what resilience means and factors that enhance student resilience within an SEBD school setting

Method

Design

The Delphi method is considered particularly useful in areas where little knowledge exists (Shulmoski, Hartman & Krahn, 2007). By incorporating both qualitative and quantitative methods, Delphi provide the opportunity to achieve a fuller picture of the topic of interest (Hasson, Keeney & McKenna, 2000) and enables an exploratory approach of topics with a limited evidence-base (Akins, Tolson, & Cole, 2005). As previous research regarding resilience fostering in SEBD settings is limited, the Delphi method is appropriate to further explore this. In contrast to interviews or focus groups alone, Delphi provides the opportunity to combine individual opinion into group consensus (Keeney, McKenna & Hasson, 2011). Data from later questionnaire rounds can be collated to investigate concurrence or differences in opinion across larger groups, offering insight into the current status of varied population groups collective opinion (e.g. different school stakeholders; Goodman 1987).

A three-round adapted Delphi method is considered ideal to gain consensus (Powell, 2003), and therefore was used to form collaboration amongst stakeholders within a specialist school community. Although other Delphi studies have typically used open ended questionnaires with individuals, some research (e.g. McCarthy, Rushton, Billis, Arnall & Oldham, 2006; Paans, Robbe, Wijkamp & Wolfensberger, 2017) has successfully generated a wide range of opinions using focus groups in Round 1 (R1). Therefore, data from open-ended focus group questions (Appendix C-D) at R1 with students, CS and ES were analysed, producing statements representing participant opinions to be used in questionnaires for later rounds.

Participant recruitment

Study recruitment took place across two SEBD school provisions in South East England. Stakeholders of one school (school 1) were recruited for R1. For R2 and R3, stakeholders across both schools were invited

to take part. Students and staff across both schools were predominantly of White British ethnicity.

School 1 was a charity funded day and residential special school for students age 7–19 years with SEMH difficulties; Autistic Spectrum Conditions (ASCs), Speech and Language difficulties and associated learning difficulties. This provided education and care for up to 90 students (on a day or residential basis) and employed around 50 staff education/care staff across the school. The school had an interest in resilience promotion, with students completing annual resilience questionnaires to track outcomes. This interest came from a staff discussion about how previous ways of tracking student progress was deficit based and how this did not fit in with their philosophy of celebrating achievement and positive psychology. It was therefore decided to monitor young people's progress through exploring their improvement in qualities that were likely to be related to their development of resilience such as an ability to form relationships with other students.

School 2 was a charity that was set up to support vulnerable CYP aged 10-20 years, who's mainstream provision placement had broken down. They provided support for up to 150 students with SEMH difficulties and varied SEN diagnoses, including ASCs; Attention Deficit Hyperactivity Disorder (ADHD), speech and learning difficulties and employed around 120 education/care staff.

Both schools had the majority of their places funded for by Local Authorities, largely as a result of mainstream education placements having broken down and LEA placements not being available or not considered suitable.

The Delphi method uses purposive sampling of 'experts' within the research area. Expertise is based upon adequate experience within the subject area (Powell, 2003). Given the paucity of research within this area, this research recruited R1 panellists based on a broad definition of 'expertise by experience' and therefore students, CS ES and carers were recruited for their experience of being stakeholders within a specialist (SEBD) school (see Table 1 for eligibility criteria). R1 sample sizes were selected following liaison with the research supervisor and school psychologist. It was agreed these numbers could allow for sufficient group

discussions and therefore sufficient data to be obtained, whilst being pragmatically obtainable from the school population (up to 8 participants for staff and up to 6 for students). A R1 focus group was not facilitated for parent carers, due to feasibility issues. Students were recommended by staff at school who knew them well. Staff felt that 14-19 years old would be an appropriate age range for students to participate in a focus group setting. The staff focus group was recruited through a flyer advertising the study at the school (Appendix E) and discussion in relevant staff meetings. All groups were given study information and the opportunity to opt-in.

Recruitment of students was either via a school assembly and/or individual discussions at school. Staff recruitment was via a staff meeting. Recruitment of all parents/guardians/carers (hence referred to as carer) was initiated via letter. Inclusion criteria for participation in R2 and R3 (see Table 2) was to be at (or linked to) the school for a duration of over six months as a staff member, student or student carer. Six months was recommended as an appropriate length of time by school staff to allow time to transition fully into the school setting. All school stakeholders meeting inclusion criteria for R2/3 were invited to take part to allow for a representative sample of the school community.

Table 1. Round 1 participant inclusion criteria

Care and Education Staff	Students
<ul style="list-style-type: none"> Member of staff at the school for over six months Self-identify as education or care staff 	<ul style="list-style-type: none"> Ability to tolerate a group situation Ability to articulate themselves well enough to appropriately answer questions No known reason why they shouldn't be included (for example too high a risk, too emotionally vulnerable) Between 14-19 years old Been a student at school for over six months

Table 2. Round 2 and Round 3 participant inclusion criteria

Care and Education Staff	Students	Carer
<ul style="list-style-type: none"> Member of staff at the school for over six months 	<ul style="list-style-type: none"> Student at the school for over six months Between 11-19 years old 	<ul style="list-style-type: none"> Carer/parent/guardian of a student who has attended the school for over six months

Ethics

Full ethical approval was granted by a university ethics committee (Appendix F). Interested participants

were given the opportunity to read the relevant information sheet (Appendices G-K) and ask any questions before completing the relevant consent forms (Appendices L-R). For student R1 participants under 16 years old, information sheets (Appendix S) were sent to carers via post. Consent was obtained from carers first by letter (Appendix T) and then using a follow up telephone call if necessary. Calls were supervised by a member of school staff able to confirm carer identity. R1 participants were informed that the focus-group would be audio recorded and the data stored on a password protected computer, with no confidential information stored within the data file. The student focus group was observed by a member of school staff to ensure ethical practice.

R2Q responses were inputted into an electronic database and participants were allocated a numerical ID to anonymise responses. The database linking participants names, and codes for questionnaire distribution during R3 was held in separate locations. Carers of students under 16 years old who completed the R2Q and R3Q were sent an 'opt-out' letter to respond to if they did not consent to their student participants' data being used (Appendix U). This was in line with practices used by the school for other questionnaire measures. Staff and students were able to discuss with the researcher or school clinical psychologist if participating in the study had caused them any distress. Carers were advised to contact a free charity helpline (external to their young person's school) if they felt any distress. Participants received a summary of the results upon study completion (Appendix V-W).

Date collection and analysis

The Delphi process took ten months between March 2019 and January 2020. Data collection and analysis procedures according to the three rounds are depicted below. A separate Delphi process was not completed for each stakeholder group as the study aimed to make comparisons across groups, necessitating the same statements.

R1 Focus Groups

The researcher facilitated three focus groups with CS, ES and students, lasting 71, 49 and 27 minutes in length respectively. Semi-structured protocols were used to elicit data relevant to the research questions and

applied flexibly to allow participants to take discussions in their preferred direction within relevant topics. Duration of the student focus group was shorter in length to accommodate participants' ability to tolerate the session.

Each R1 focus group was recorded, transcribed and separately analysed using thematic analysis (Braun & Clarke, 2006) by thoroughly reading responses and identifying data extracts relating to the research questions. These extracts were then assigned codes. Analysis was both deductive and inductive in nature in order to identify both 'data-driven' and 'theory-driven' codes (Booth & Carroll, 2015). Related codes were then grouped together to form sub-themes with some related sub-themes further grouped to form major themes (see Appendix X for example coded transcript). The themes/sub-themes derived from R1 focus group analysis became statements for R2Q using participants' words where possible.

R2 Questionnaire

As the aim was for all stakeholders to complete the same R2Q (Appendix Y) to gather consensus, themes from all focus groups were added or collated (if they were similar enough) to form eighteen final themes (see Appendix Z for extract of themes, subthemes, codes and data extracts). Participants were asked to rate statements on a six-point Likert scale from 'strongly disagree' to 'strongly agree' (see Figure 1) and invited to leave comments upon completing each section. Sub-themes too referential to practice in the R1 school and therefore ungeneralizable to other schools were not included. Questionnaire completion took approximately 10 minutes.

Please rate how much you agree or disagree with each statement that describes what resilience means from your own experiences of being a student or staff member at ***, or of being a parent/carer of a child who attends this school.**

16. Student resilience **can be different for everyone**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

Figure 1. Example of R2Q statements

R3 Questionnaire

R3Qs comprised the same statements as R2Q. Each participant received an individualised R3Q in which their R2Q response on each item was highlighted and the percentage of people selecting each response was shown. The most frequently selected rating was shown in bold. Where the highest percent was shared across responses, both were shown in bold. Qualitative R2 comments were anonymously presented throughout each section. Participants were invited to re-consider their previous and others' answers and amend these. R3Qs took approximately 15 minutes to complete. An example R3Q is shown in Appendix AA and an example of a R3Q item is shown in Figure 2.

Please rate how much you agree or disagree with each statement that describes what resilience means from your own experiences of being a student or staff member at *school* School, or of being a parent/carer of a child who attends this school.

1. Student resilience means having an improved mood

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
3.6%	2.9%	11.6%	35.5%	29.7%	16.7%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

Figure 2. Example of individualised R3Q statement

Quantitative analysis of consensus and divergence

Consensus was defined as the amount and consistency of agreement between participants (Graham & Milne, 2003). Following data collection, the 6-point Likert scale was collapsed into three categories to indicate statement agreement or disagreement (see Figure 3). Percentages of disagreement (percentage of participants selecting 1 and 2 [Figure 5]) and agreement (percentage of participants selecting 5 and 6) were calculated for each statement, separately for each stake-holder group to gain between-group consensus, then for all groups together to calculate overall consensus.

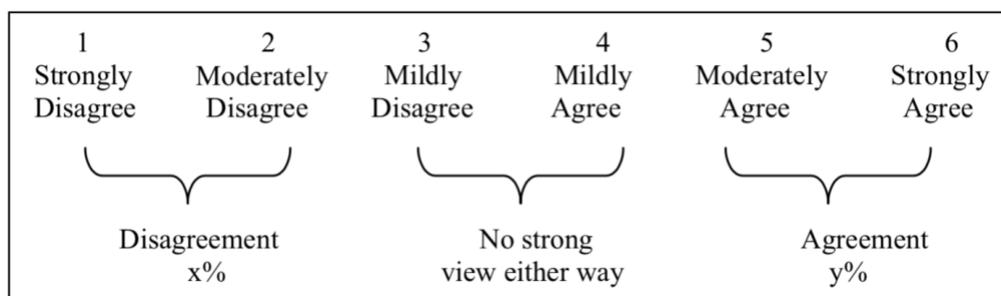


Figure 3. Collapsed categories of Likert scale ratings

Consensus categories vary across Delphi studies, with no levels yet agreed (Hsu & Sandford, 2007). Each statement was therefore classified according to the consensus categories used in other published studies (South, Jones, Creith, and Simonds, 2016), listed in Table 3. Divergence between groups is defined as being two or more consensus categories apart (e.g. strong-weak consensus; moderate-no consensus).

Table 3. Consensus categories

Consensus category	Level of agreement ('moderately agree' and 'strongly agree') or disagreement ('moderately disagree or 'strongly disagree').
High consensus	$83.3\% < x$
Moderate consensus	$66.6\% < x < 83.3\%$
Weak consensus	$50\% < x < 66.7\%$
No consensus	$x \leq 50\%$

Quality Assurance

Triangulation of data collection approaches is essential to mixed quantitative and qualitative methodologies (Green, 2014) and was promoted by use of a heterogeneous panel. During the thematic analysis process, possible researcher bias was minimised for by repeatedly refining the themes and themes being audited by the lead research supervisor. A clear decision trail was kept aiding the 'dependability' of the Delphi technique (Powell, 2003), in the form of a research diary (Borg, 2001; see Appendix AB).

Results

Figure 3 summarises the Delphi process and displays the flow of participants from R1 to R3. R1 focus groups were attended by six students, six CS and five ES. R2 questionnaires were completed by 82 ES, 32 students, 29 CS and ten carers. R3 had an overall response rate of 32%, ranging between 22-40% across stakeholder groups.

Participant information

Student participants in R1 were considered by the school psychologist to have SENs representative of the student population, these included ASC, ADHD, emotion regulation and behavioural difficulties. One was a looked after child and was being cared for by a foster parent. Due to the small number of pupils in the school demographics have been summarised so as not to be identifying.

Demographic information is reported by stakeholder group in Table 4. Data was not collected from participants at R1, therefore characteristics for this time-point are listed only for those participants that continued to R2. Results showed that the most common ethnic group of participants was White British across all stakeholders. Participant gender varied across groups, being mainly female in staff and carer groups and predominantly male in student groups. This reflected the school genders and ethnic groups, for example in that most teaching staff were female and most student's male. Median length of time in role was greater in R1 CS than in other rounds and stakeholder groups.

Qualitative Comments

Qualitative comments at R2 are presented in Table 5. Comments were aligned with themes including resilience can be different for everyone, resilience meaning successfully engaging with school life and resilience being promoted by staff behaviours and characteristics and peer support.

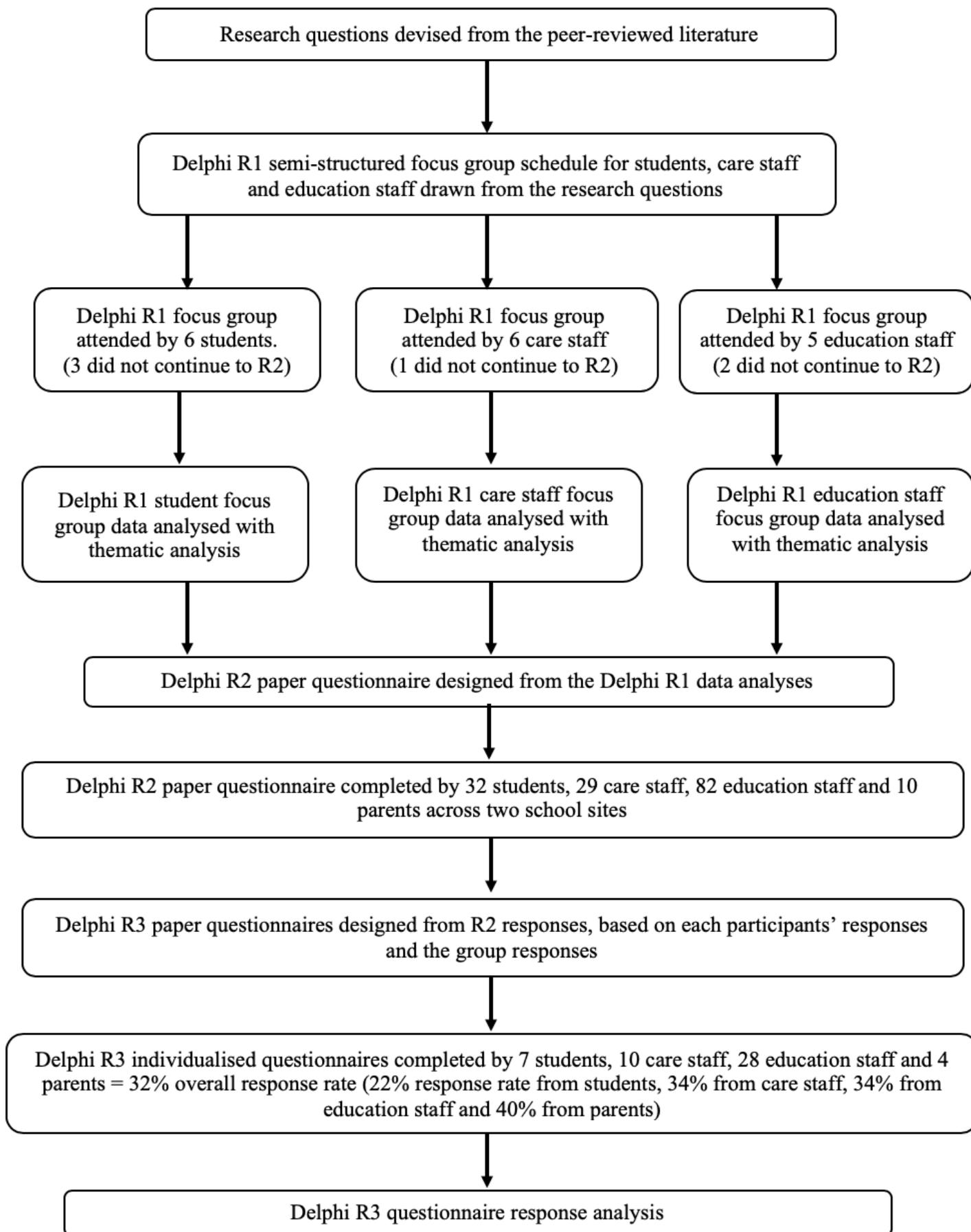


Figure 4. Delphi flow chart

Table 4. Participant demographic characteristics

Demographic	ES		CS		Student		Carer
	R1 (n=6)	R2/3 (n=82)	R1 (n=5)	R2/3 (n=29)	R1 (n=6)	R2/3 (n=32)	R2/3 (n=10)
Age (years):							
Median	47.25	44.58	52.00	52.00	16.00	15.13	52.25
Range	33.08- 52.58	21.42- 75.00	33.42- 55.00	23.66- 66.50	15.25- 16.42	11.25- 18.50	36.50- 72.00
Gender:							
Male	1	23	4	8	2	24	3
Female	2	55	1	21	1	8	7
Other		1					
Ethnicity:							
*British	1	69	4	25	3	22	9
Irish		2		1			
Other White	1	6		2		4	1
Mixed/Multiple		1				2	
African	1	1		1		1	
Asian/Asian British		1					
Caribbean						1	
White and Black Caribbean						2	
Time in role (years):							
Median	2.75	3.00	21.00	9.58	2.25	1.96	1.62
Range	1.50- 15.00	0.50- 19.00	1.50- 30.00	0.75- 30.00	1.42- 5.00	0.50- 5.42	0.66- 6.00
*English/Welsh/Scottish/Northern Irish/British							

Table 5. Example comments from round 2 questionnaires

Stakeholder	Comments
Student	<p><i>“Resilience is definitely different for other people. A person can show they have resilience in a number of ways. No person is the same.”</i></p> <p><i>“Resilience is a wide variety of different things”</i></p>
Care Staff	<p><i>“I feel that a student could be fairly resilient yet still not be able to manage their behaviour well enough to always avoid incidents and exclusions etc., due to other factors such as communication difficulties”</i></p> <p><i>“I think these areas fluctuate over time as the dynamics change with the coming and going of various staff and students, as would be expected”</i></p>
Education Staff	<p><i>“Promoted by learning how to ask for help”</i></p> <p><i>“Making time and listening to students is very important to build resilience. Encouraging pupils to make good solid friendships is vital for resilience. Staff being good role models is of paramount importance to promote resilience.”</i></p>

Round 1

Research aim one: exploring how SEBD stakeholders understand the definition of resilience for students within an SEBD school setting

The first research aim was to explore how school stakeholders understood and defined the concept of resilience at SEBD schools. Thematic analysis resulted in 10 themes relevant to an understanding of resilience. Four of these themes were further divided into subthemes (see Table 6).

Research aim two: exploring what specific school resources school stakeholders consider important in student resilience promotion within an SEBD school setting.

The second research aim was to explore what school resources stakeholders consider important in student resilience promotion within an SEBD school setting. Thematic analysis resulted in eight themes relevant to promotion of resilience. These were further divided into 28 subthemes (see Table 7).

Table 6. Summary of themes and sub-themes for resilience definition statements

	Theme	Sub-theme	Description	Illustrative quote (stakeholder)	Statement: “Student resilience means...”.
1	Improved mood	-	Being happy and relaxed in themselves and smiling more	“Yeah, [they would be] happier, smilier” (CS)	having an improved mood
2	Developing confidence	-	Being more confident in themselves and their abilities and standing tall	“he’s more confident in himself and his abilities, isn’t he?” (CS)	developing confidence
3	Developing healthy Relationships	-	Helping others, coping with challenges in relationships and looking at situations from other’s perspectives.	“they might be helping other people” (student)	developing healthy relationships
4	Coping, recovering and moving forward from challenges	Moving forward after challenges	Student’s ability to cope, deal with challenges and bounce back from a setback, as well as the ability to take a lot and keep moving forward	“so you can like, take a lot and still keep moving forward” (student)	moving forward after challenges
		Coping and recovering from challenges		“Coping with challenges...in education, in themselves, in their relationships with other students” (ES)	coping and recovering from challenges
5	Managing emotions	Understanding and managing feelings	Ability to understand and manage feelings, not react to conflict and return to baseline quickly	“having the skills to manage their feelings... so that they can return to baseline quicker” (ES)	understanding and managing feelings
		Managing conflicts well		“the resilient kids will be able to just shrug it off and not really be bothered by it” (CS)	managing conflicts well
6	Developing independence	-	Developing independence and ability to make decisions	“And that’s the ultimate goal. If a child can leave here and be independent” (CS)	developing independence
7	Being prepared to attempt new challenges	Being prepared to try and fail	Being prepared to try and fail, perseverance, and being ready for anything they are faced with	“when [a student is] prepared to fail” (CS)	being prepared to try and fail
		Being ready for anything		“they are ready for anything” (CS)	being ready for anything
8	Reflecting on past experiences and learning from them	-	The ability to learn from or reflect on previous experiences and understanding consequences of future actions	“failure, arguments, negative experiences in general ...they seem to... learn from them, to improve” (ES)	reflecting on past experiences and learning from them
9	Successfully engaging with school life	Enjoying school	Enjoying school, progressing in schoolwork, having increased aspirations and being involved in less incidents/exclusions	“And they like coming [to school]” (CS)	enjoying school
		Getting on in education		“And last year...he would barely read, he would barely write, but now he is doing functional skills work” (ES)	getting on in education
		Staying in school without being		“And he’d be off on an exclusion for two-three days, almost on a weekly basis. Right	staying in school without being expelled

		expelled		now, I can't remember the last time he was excluded" (ES)	
		Less incidents at school		"Less likely to be getting involved in any incidents" (ES)	being involved in less incidents at school
10	Resilience can be different for everyone	-	Resilience as being individualistic and not equating to number of friendships for everyone	"he's really resilient in his own way" (ES)	Student resilience can be different for everyone

Table 7. Summary of themes and sub-themes for resilience promotion statements

	Theme	Sub-theme	Description	Illustrative quote (stakeholder)	Statement: “Student resilience is promoted by...”.
1	A flexible and individualised approach to accommodate students’ needs	Taking a flexible approach	SEBD schools being more relaxed and flexible than mainstream provisions, the option for student outreach support and having bespoke approaches for individual students	“you also get something called outreach... which is where a teacher will come to you if you’ve been excluded or... if you’re like not coming in anymore” (student)	taking a flexible approach
		Treating students as individuals		“I mean in their way. Every child is treated differently and individually here.” (ES)	treating students as individuals
2	Staff behaviours and characteristics	Staff asking students about their wellbeing	Staff having varied skill sets, staff asking students if they’re okay and making time for them, staff using self-reflection and staff being uneasily phased	“Cos she asks if you’re okay” (student)	staff asking students about their wellbeing
		Staff being self-aware and being able to reflect		“I think we do it...ourselves as staff...to sort of reflect. I think we do that fairly well anyway” (CS)	staff being self-aware and being able to reflect
		Staff having lots of different skills		“We have I think from my perspective I see we have a very big experience base here...The kind of training and the people and the different backgrounds” (ES)	staff having lots of different skills
		Staff being resilient		“...that’s really important though isn’t it, the resiliency of the staff” (CS)	staff being resilient
		Staff making time for students		“if you need to speak to her, she’ll make time” (student)	staff making time for students
		Staff acting as role-models for students		“...and just our general role modelling” (CS)	staff acting as role-models for students
3	Peer support	-	Having friends at school to enhance confidence and happiness, and learning to cope from peers	“...cos students at this school yeah...some people have gone through the same stuff and some different, so you learn from...how they cope and that” (student)	students having friends at school to learn from and be encouraged by
4	A varied curriculum	-	Achievement making you want to try more and subjects including music, food technology and PE enhancing resilience	“when you finally do it [in PE], it makes you feel like successful ...it makes you want to try more” (student)	school offering a range of curriculum activities that provide students opportunities to succeed
5	Higher resourcing	School having higher staffing levels than mainstream	Training for staff and students, higher staffing levels, more therapeutic input, opportunities and supports than mainstream	“It’s easier here cos as we say we’ve got less pupils” (ES)	school having higher staffing levels than mainstream
		School offering good quality training		“...there’s lots of training and service available here, both for staff and for students. So,	school offering good quality training

				obviously wellbeing services like counselling, some of the groups that we've got, occupational therapies..." (ES)	
		Students having more opportunities and support than mainstream		"you get opportunities to do things that you wouldn't do in mainstream" (student)	students having more opportunities and support than mainstream
		School having more therapy provision than mainstream		"And this counsellor...she's there one day a week, so she was like 'I'll see if I can pencil you in sometime...whereas...that wouldn't happen here" (CS)	school having more therapy provision than mainstream
6	Staff actively support students in ways that may develop their resilience	Staff supporting students to build or keep relationships	Staff supporting students to help others, to build or maintain relationships, to reflect, to manage emotions or to deal with negative feedback	"she asks if you're okay...and then she like tries to sort it out with you" (student)	staff supporting students to build or keep relationships
		Staff supporting students to learn from past experiences		"So you talk it through and get them to reflect and hopefully like you say build their resilience" (ES)	staff supporting students to learn from past experiences
		School providing students with new ideas and experiences		"And providing them with new experiences so that they develop" (CS)	school providing students with new ideas and experiences
		Supporting students to understand and manage difficult feelings and experiences		"so you talk it through and get them to reflect and hopefully like you say build their resilience and see that...we are here to help them and to get them through things" (ES)	supporting students to understand and manage difficult feelings and experiences
		School teaching students to be independent		"that's the ultimate goal. If a child can leave here and be independent" (CS)	school teaching students to be independent
7	School as a community who learn from and support each other	Students feeling there is always someone there for them	Students having a voice, jokes between staff and students, multi-agency working, staff recognising small steps, strong relationships between staff and a sense of belonging to the school.	"They know [staff] are going to always have time for them" (ES)	students feeling there is always someone there for them
		Students feeling heard		"And [students] know they have a voice and they know they are listened to"	students feeling heard
		Strong relationships between staff and students		"we have really strong relationships with those key children... they know that whatever they throw at us... in an hour's time if they want to come and talk that none of that will be held against them" (CS)	strong relationships between staff and students
		Strong joint working with all communities around a child		"I think another part of that certainly for me in my role is working closely with the families as well" (ES)	strong joint working with all communities around a child, for example families and services
		Staff supporting, praising		"And seeing what they need to improve and to	staff supporting, praising

		and encouraging students		help support them. So, whatever aspect it is... whether it's in their learning or in themselves or in their relationships with their peers" (ES)	and encouraging students
		Staff supporting and learning from one another		"And [staff] know that they can go and ask lots of people. The support is quite good" (CS)	staff supporting and learning from one another
		School providing a sense of community and a place where everyone feels they belong		"there's a pretty good sense of belonging in [school]" (CS)	school providing a sense of community and a place where everyone feels they belong
		Strong communication between everyone at school		"Yeah, it's good communication" (CS)	strong communication between everyone at school
8	School creates consistency and safety	School creating stability	Consistency in boundaries, relationships and staffing, and school creating security	"And the stability that they need to operate" (ES)	school creating stability
		School being a consistent place		"I think it's that consistency really, that they know who is going to be there and who is going to look after them" (ES)	school being a consistent place
		School giving students a sense of safety		"If you've got [safety], then you can go and discover, and that kind of sums up what we try and provide" (CS)	school giving students a sense of safety

Round 2 and 3

Thirty-seven participants (76%) altered responses between R2Q and R3Q. The second school participating in the research (R2 and R3 only) felt the length of the questionnaire was too long for their students to complete effectively. Therefore, this group (n=14) completed only questions 17-46.

It is common within Delphi studies to consider participants R2 responses as final when R3 is not completed (Pipon-Young et al., 2010; South et al., 2016). To explore the impact of consensus building and check the suitability of including R2 responses in the final analysis, participants were separated into two groups – those who completed R3 and those who did not. A comparison was completed using Mann–Whitney U-tests due to the ordinal nature of the data. The alpha level was set to .001 to control for multiple comparisons across the 46 statements. This revealed no significant differences in the groups' responses, suggesting consensus building at R3 did not substantially differentiate R2 and R3 completers. Therefore R2 data is included in the final analysis for participants not completing R3.

Research aim one: exploring how SEBD stakeholders understand the definition of resilience for students within an SEBD school setting

Table 8 lists by a summary of within and between-groups consensus. Four statements achieved high overall consensus, six moderate consensus and two weak consensus. Four of sixteen (25%) statements did not present with divergence between groups.

Research aim two: exploring what specific school resources school stakeholders consider important in student resilience promotion within an SEBD school setting.

Table 9 lists by a summary of within and between-groups consensus. Study results revealed consensus amongst four school stakeholder groups across thirty statements regarding resilience-promotion in SEBD provisions. All statements achieved consensus across groups, with 23 statements achieving high consensus and seven moderate consensus. 25 of 30 (83%) statements did not show divergence between groups.

Table 8. Consensus summary for resilience definition statements

Resilience Definition Statement	Stakeholder	Disagree (%)	Agree (%)
High Consensus			
Student resilience means coping and recovering from challenges	Students	0	66.6
	Carers	0	90
	ES	0	92.7
	CS	0	89.3
	Overall	0	88.4
Student resilience means moving forward after challenges	Students	0	72.2
	Carers	0	90
	ES	1.2	95.1
	CS	0	89.3
	Overall	0.7	90.6
Student resilience means being prepared to try and fail	Students	11.2	55.6
	Carers	0	70
	ES	0	89
	CS	0	89.7
	Overall	1.4	83.4
Student resilience can be different for everyone	Students	5.6	33.3
	Carers	0	80
	ES	2.4	85.4
	CS	0	96.5
	Overall	2.1	84.8
Moderate Consensus			
Student resilience means developing confidence	Students	11.1	44.5
	Carers	0	70
	ES	0	79.3
	CS	0	71.4
	Overall	1.4	72.4
Student resilience means developing healthy relationships	Students	16.7	27.8
	Carers	0	80
	ES	1.2	76.8
	CS	0	85.7
	Overall	2.9	72.5
Student resilience means understanding and managing feelings	Students	0	55.5
	Carers	0	100
	ES	0	86.6
	CS	3.6	82.2
	Overall	0.7	82.7
Student resilience means managing conflicts well	Students	0	55.5
	Carers	0	90
	ES	0	81.7
	CS	0	85.7
	Overall	0	79.7
Student resilience means developing independence	Students	11.2	44.4
	Carers	0	60
	ES	0	84.1
	CS	0	79.3
	Overall	1.4	76.3
Student resilience means reflecting on past experiences and learning from them	Students	0	66.6
	Carers	0	90
	ES	0	86.5
	CS	0	79.3
	Overall	0	82.7
Weak consensus			
Student resilience means being ready for anything	Students	11.2	55.5
	Carers	0	40

	ES	1.2	67
	CS	3.4	65.5
	Overall	2.8	63.3
Student resilience means being involved in less incidents at school	Students	5.6	33.3
	Carers	0	70
	ES	3.6	56.1
	CS	13.8	41.3
	Overall	5.7	56.1
No Consensus			
Student resilience means having an improved mood	Students	16.7	11.1
	Carers	0	60¹
	ES	6.1	41.5
	CS	0	53.6
	Overall	5.8	41.3
Student resilience means enjoying school	Students	55.5	22.3
	Carers	10	50
	ES	9.7	30.5
	CS	24.1	34.5
	Overall	15.8	31.6
Student resilience means getting on in education	Students	22.2	33.3
	Carers	0	40
	ES	7.3	48.8
	CS	3.4	31
	Overall	7.9	42.5
Student resilience means staying in school without being expelled	Students	27.8	22.3
	Carers	0	70
	ES	8.6	51.3
	CS	10.3	37.9
	Overall	10.8	46

¹A percentage in bold indicates that a groups' level of consensus differs from the consensus category within which it is displayed.

Table 9. Consensus summary for resilience promotion statements

Resilience Promotion Statement	Stakeholder	Disagree (%)	Agree (%)
High Consensus			
Student resilience is promoted by treating students as individuals	Students	3.1	81.2
	Carers	0	100
	ES	1.2	86.6
	CS	3.4	86.2
	Overall	2	86.3
Student resilience is promoted by staff having lots of different skills	Students	3.1	65.7
	Carers	0	90
	ES	0	89
	CS	3.4	86.2
	Overall	1.3	83.7
Student resilience is promoted by staff being resilient	Students	0	71.9
	Carers	0	100
	ES	1.2	85.2
	CS	0	89.6
	Overall	0.7	84.2
Student resilience is promoted by staff making time for students	Students	0	78.2
	Carers	0	100
	ES	0	92.6
	CS	0	89.7
	Overall	0	89.5
Student resilience is promoted by staff acting as role-models for students	Students	0	71.9
	Carers	0	90
	ES	0	91.4
	CS	0	89.6
	Overall	0	86.9
Student resilience is promoted by school offering a range of curriculum activities that provide students opportunities to succeed	Students	3.1	75
	Carers	0	80
	ES	0	91.4
	CS	0	93.1
	Overall	0.7	87.5
Student resilience is promoted by students having more opportunities and support than mainstream	Students	0	71.9
	Carers	0	90
	ES	0	88.9
	CS	0	86.2
	Overall	0	84.9
Student resilience is promoted by school having more therapy provision than mainstream	Students	0	78.1
	Carers	0	90
	ES	1.2	91.4
	CS	0	89.6
	Overall	0.7	88.2
Student resilience is promoted by staff supporting students to build or keep relationships	Students	3.1	71.9
	Carers	0	80
	ES	0	92.6
	CS	0	96.5
	Overall	0.7	88.1
Student resilience is promoted by staff supporting students to learn from past experiences	Students	6.2	68.7
	Carers	0	80
	ES	0	93.9
	CS	0	93.1
	Overall	1.4	87.5
Student resilience is promoted by school providing students with new ideas and experiences	Students	3.1	75.1
	Carers	0	70
	ES	0	91.4
	CS	0	93.1

	Overall	0.7	86.9
Student resilience is promoted by supporting students to understand and manage difficult feelings and experiences	Students	0	81.3
	Carers	0	80
	ES	0	96.3
	CS	0	100
	Overall	0	92.7
Student resilience is promoted by school teaching students to be independent	Students	0	75.1
	Carers	0	90
	ES	0	88.9
	CS	0	96.6
	Overall	0	87.5
Student resilience is promoted by students feeling there is always someone there for them	Students	0	71.9
	Carers	0	90
	ES	0	88.9
	CS	0	96.5
	Overall	0	86.8
Student resilience is promoted by students feeling heard	Students	3.1	71.9
	Carers	0	90
	ES	0	92.6
	CS	0	89.6
	Overall	0.7	87.5
Student resilience is promoted by strong relationships between staff and students	Students	0	84.4
	Carers	0	90
	ES	0	92.6
	CS	0	93.1
	Overall	0	90.8
Student resilience is promoted by strong joint working with all communities around a child, for example families and services	Students	9.4	62.5
	Carers	0	80
	ES	1.2	91.4
	CS	0	89.6
	Overall	2.6	84.3
Student resilience is promoted by staff supporting, praising and encouraging students	Students	3.1	78.2
	Carers	0	100
	ES	0	93.8
	CS	3.4	93.1
	Overall	1.4	90.8
Student resilience is promoted by staff supporting and learning from one another	Students	3.1	68.8
	Carers	0	80
	ES	0	88.9
	CS	0	93.1
	Overall	0.7	84.8
Student resilience is promoted by school providing a sense of community and a place where everyone feels they belong	Students	0	81.2
	Carers	0	90
	ES	2.5	95.1
	CS	0	96.6
	Overall	1.3	92.1
Student resilience is promoted by school creating stability	Students	3.1	81.3
	Carers	0	80
	ES	1.2	91.3
	CS	0	96.5
	Overall	1.3	89.5
Student resilience is promoted by school being a consistent place	Students	3.1	75
	Carers	0	90
	ES	1.2	95
	CS	0	96.6
	Overall	1.3	90.8
	Students	3.1	84.4
	Carers	0	90

Student resilience is promoted by school giving students a sense of safety	ES	1.2	96.3
	CS	0	96.5
	Overall	1.3	93.4
Moderate Consensus			
Student resilience is promoted by taking a flexible approach	Students	3.1	65.7
	Carers	0	100
	ES	0	81.7
	CS	3.4	62.1
	Overall	1.4	75.8
Student resilience is promoted by staff asking students about their wellbeing	Students	6.3	75
	Carers	0	70
	ES	0	81.7
	CS	3.4	79.3
	Overall	0.7	79.1
Student resilience is promoted by staff being self-aware and being able to reflect	Students	6.2	68.8
	Carers	0	90
	ES	0	77.8
	CS	0	86.2
	Overall	1.4	78.3
Student resilience is promoted by students having friends at school to learn from and be encouraged by	Students	3.1	68.8
	Carers	0	70
	ES	0	74.1
	CS	3.4	65.5
	Overall	1.4	71.1
Student resilience is promoted by school having higher staffing levels than mainstream	Students	9.4	59.4
	Carers	0	90
	ES	0	79
	CS	0	65.5
	Overall	2	73
Student resilience is promoted by school offering good quality training	Students	3.1	62.5
	Carers	0	80
	ES	0	85.2
	CS	3.4	79.3
	Overall	1.3	78.9
Student resilience is promoted by strong communication between everyone at school	Students	3.1	68.8
	Carers	0	80
	ES	1.2	85.2
	CS	0	93.1
	Overall	1.4	82.9

In summary, statements achieving highest consensus related to resilience meaning coping and recovering from challenges, moving forward after challenges, being prepared to try and fail and resilience can be different for everyone. In addition, results with highest consensus suggested resilience is promoted by a flexible and individualised approach to accommodate students' needs, staff behaviours and characteristics, a varied curriculum, higher resourcing, staff actively supporting students in ways that may develop their resilience, school being a community who learn from and support each other and school creating consistency and safety. There were more statements achieving higher consensus in relation to factors promoting resilience than statements defining resilience.

Discussion

This Delphi study gained understanding of school stakeholder's views on the definition of resilience and factors influencing resilience promotion within specialist school provisions. Findings are considered relative to areas of overall consensus and divergence and linked with previous literature. Study strengths, limitations and implications for clinical practice and future research are discussed.

What is the definition of resilience for students within an SEBD school setting?

Results suggest that resilience in SEBD provisions shares some commonalities with previous definitions within the literature, where a common theme is of an individual's capacity to return to normal functioning after exposure to an atypical stressor (Allan & Ungar 2014). Results also indicate key relational components of the concept with this setting, including development of healthy relationships and managing of conflicts with others, echoing relational components of more recent understandings of resilience (Ungar, Brown, Liebenberg & Othman, 2007; Masten, 2011). This study suggested individual factors were also to some extent socially viewed, such as the development of confidence and independence and ability to learn from past experiences. There was less focus in this study on attributes such as faith and a sense of meaning in life, good cognitive abilities and a positive outlook, which have been found in other studies (Masten, 2007).

Of significance, a statement achieving highest consensus considers that resilience can be different for everyone. This points to the dynamic nature of resilience where the relationship between the many individual and social factors might result in different profiles for individual students. This focus on individuality, might also speak to the small numbers in SEBD schools which mean that each young person's development can be tracked at a more individual level than can be realistic in larger schools. The individual nature of resilience is less remarked on in socio-ecological resilience literature, which defines resilience as more than an individual set of characteristics (Ungar, 2005). This emphasises features of both individuals and the environment leading to resilience (Ungar, 2013), suggesting these should therefore be considered in unison.

Four statements did not reach overall consensus, three of which related to the theme of *successfully*

engaging with school life, with the fourth statement only obtaining weak consensus. Interestingly, this appears conflicting with the literature of mainstream populations, whereby associations between resilience and academic engagement (Fantuzzo et al. 2012) and being more involved in school life (Jones & Lafreniere, 2014) have been evidenced. This may suggest less of a role for engagement with school in resilience promotion for SEBD settings, supported by previous research suggesting a lack of mediating component for this factor (Neville, unpublished doctoral thesis).

What specific school resources school stakeholders consider important in student resilience promotion within an SEBD school setting?

The areas with the most consensus begin to build a model suggesting that student resilience promotion occurs as a result of a combination of factors across differing systemic levels (Figure 5).

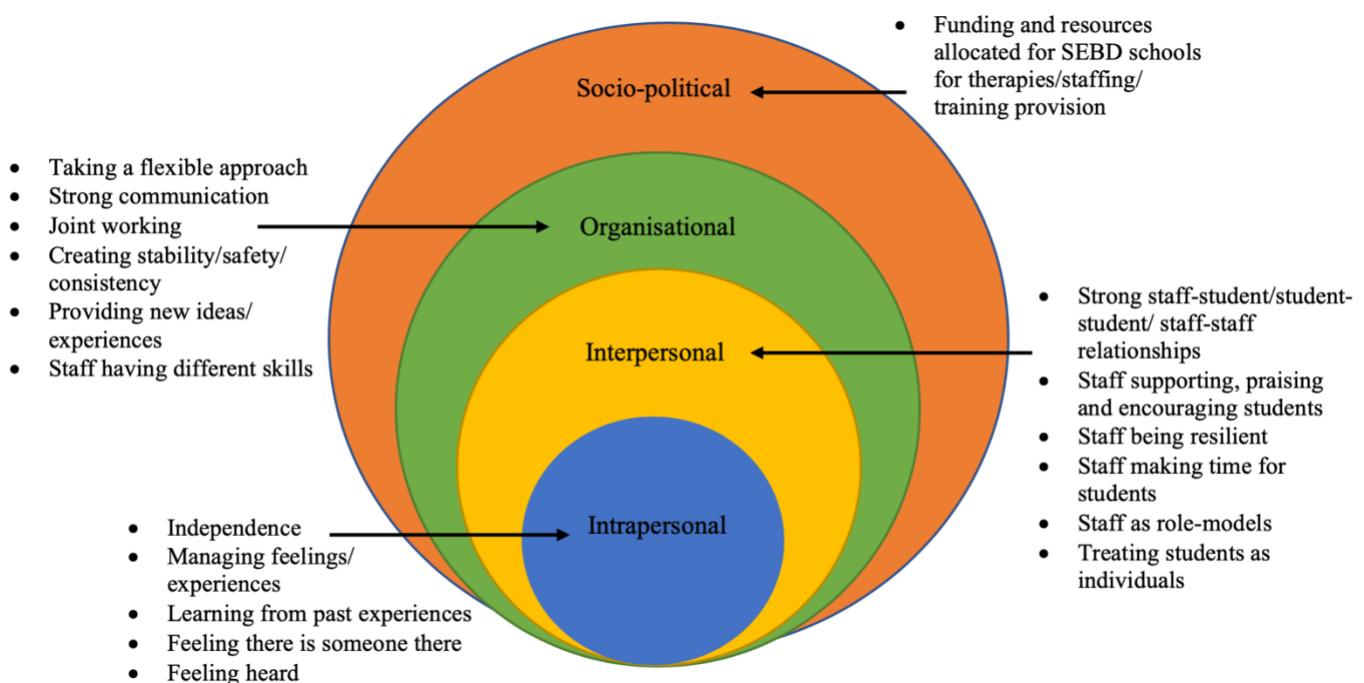


Figure 5. Factors that may promote student resilience, as suggested by the results of this study

The notion of strong staff-student relationships aligns with research in mainstream populations, which also associates strong relationships with resilience (Borman & Overman, 2004). Peer relationships achieved moderate consensus between-groups, aligned with that in mainstream research (Graber et al., 2015).

However, statements pertaining to staff-staff, staff-student and school-family relationships attained a higher

category consensus than peer relationships within this study, suggesting a possible superior role in resilience promotion for these types of relationships within SEBD settings. Researchers operating from social learning and attachment perspectives have emphasised relationship learning with adults of importance, as the means through which children acquire skills and transfer them to the peer context (Ladd & Pettit, 2002). Results may therefore suggest students within SEBD settings may be at a developmental stage whereby relationship learning with staff remains of particular importance, prior to the forming of relations with peers. It could also be argued that due to the nature of the CYP within SEBD provisions, staff may be considered more predictable and easier to form relationships with than peers.

At a broader level, factors associated with resilience-enhancement included greater resourcing for therapy and staffing, good quality training and providing a range of student opportunities and varied curriculum activities. Staff training was also associated with resilience in the mainstream population (Read et al., 2015). This factor highlights the role of external macrosystem level school stakeholders in promoting resilience, by ensuring the funding to allow for the maintenance of these enhanced resources.

Also of note was the importance of staff-staff relationships for resilience-promotion within SEBD schools, an area not remarked upon within the mainstream school literature. Previous evidence suggests supportive relationships have a positive effect on parental functioning and quality of parent-child relationships in children with behaviour problems (Szykula, Mas, Turner, Crowley & Sayger, 1991; Suárez & Baker, 1997). In addition, caregivers of children with autism highlighted factors necessary for resilience including a families ability to pull resources together and family members being connected (Bayat, 2007). It could therefore be suggested that the role of staff within SEBD provisions supporting one another to work with students with SEN efficiently shares similarities with that of a family working together to support each other during childrearing of children with additional needs.

Attachment

There is a mounting evidence for the role of teacher-student relationships in children's development and school progression (McGrath & Van Bergen, 2015). As aforementioned, when considering an attachment

perspective on teacher-student relationships, teachers receptive to a student's needs may serve as '*ad-hoc attachment figures*'; providing a secure base for exploration and learning, whilst remaining a safe haven to return to when in need of comfort or reassurance (Verschueren & Koomen, 2012). Bomber (2007) also described the need for CYP exposed to adversity and with attachment difficulties to have a significant attachment figure within school, to support emotional skill development. For students with emotional difficulties, the role of the teacher- student relationship is expected to be especially powerful (Henriecsson & Rydell, 2004; Hughes, Cavell & Wilson, 2001). This makes adult- caregiving, including that provided by teachers, imperative for survival and growth (Verschueren & Koomen, 2012).

Findings of this study suggested that student resilience within SEBD provisions was promoted by factors such as; students feeling there is always someone there for them, strong relationships between staff and students and by school creating stability, being consistent and giving students a sense of safety. These factors can be seen to align with the idea of staff acting as attachment figures, offering some evidence for the theoretical idea of the importance of the attachment perspective on teacher-student relationships within SEBD provisions.

Socio-ecological theory

Previous research has shown associations between the time spent in specialist provisions and resilience resources (Neville, unpublished doctoral thesis). Socio-ecological approaches suggest resilience is fostered by the many systems surrounding CYP (Ungar, 2011; Ungar et al., 2013). This research has highlighted processes that may be involved in this association, including; strong relationships between staff and students, strong joint working with all communities around students, students having friends at school and school providing a sense of community and belonging. This therefore highlights the role of the importance of all members of a school community in promoting resilience within SEBD students, offering support for the socio-ecological theory.

Strengths

This study made a unique contribution to the literature by collating staff, student and carer expertise to

identify factors associated with resilience and its promotion within SEBD provisions. Study strengths include the multiple rounds, which enabled continued contemplation of the topic by participants and inbuilt chances for participant feedback with both the researcher and one another. The methodology consequently reduced the risk of the researcher overlooking areas or incorrectly identifying significant issues or misunderstanding participants' views (Kennedy & Llewelyn, 2001). In addition, despite the high attrition rate between R2 and R3, R2 data was able to be included in the final results, hence increasing the sample size substantially. Moreover, consensus was achieved on 83% of statements relating to mechanisms of resilience promotion, suggesting a cohesive understanding from stakeholders.

Limitations

A limitation common to all Delphi surveys and of this study, is that although consensus may be achieved across items, this does not imply the results are representative of all stakeholders' experiences. This research considered only adolescent students, however Masten & O'Dougherty Wright (2010) argued that developmental tasks associated with resilience change over time. This therefore limits the extent to which these results can be generalised beyond the ages of the students involved.

The ethnicity of participants across all stakeholder groups was predominantly White British, meaning views of stakeholders from other ethnicities may be underrepresented. Moreover, the representation of sex varied across stakeholder groups, being mainly female in staff and carer groups, but predominantly male in student groups. Future research is needed to explore whether these findings are relevant to more diverse samples and the role that the male/female differences might play in participants understanding of resilience.

A further limitation of this study is found in the attrition rate between R2 and R3 across all stakeholder groups. This was likely contributed to by the recruitment strategy employed across rounds, utilising a face-to-face staff meeting for R2 and handing out questionnaire packs for independent completion in R3. In addition, challenges were present in attempting to liaise with R2 student participants, due to their varied timetables and teaching locations. This highlights the importance of a strong recruitment strategy when working within SEBD school settings. According to Gordon (1994), completion rates expected in Delphi

studies are expected to be between 40-75%, higher than the 32% achieved in this study. However, evidence suggests that 10 to 15 panellists is considered adequate for gaining consensus when using Delphi methodology (Taylor-Powell, 2002), a number exceeded within this study.

In addition, it was not possible to complete a focus group with the carer population at R1 and therefore their voice was not included within data used to produce the R2Q. Staff were unable to suggest any carers that may have been willing to participate, reflecting on the challenges carers can often face in attending school meetings related directly to their young person, due to their own additional needs, availability or financial constraints. In addition, many of these pupils were from different local authorities and therefore carers did not live locally. These recruitment challenges may reflect the demanding contexts many carers are in. Consequently, these may also highlight the relational system in which CYP with SEBDs live within, which may pose further challenges for the development of resilience. The response rate for carers of the R2Q and R3Q was also low, limiting conclusions that can be drawn about the views of these stakeholders.

A further issue was that R1 suggested that students needed support to understand some of the concepts and crystallise their opinions. Adaptations were made to focus group facilitation, interview questions and questionnaire distribution, highlighting the difficulties associated with the inclusion of participants with SEN and/or varied participant groups with differing abilities and support needs. However, as individual support was not always available at R2 and R3, it is difficult to ascertain if questionnaire responses were truly representative of student experiences, a possibility which may account for the lower consensus of students compared to other stakeholders across numerous statements. However, alternative explanations for these consensus differences cannot be excluded, such as students having alternative views to staff groups that were not well captured in the R2/3 statements. In addition, one of the statements to achieve greatest consensus amongst students was related to resilience promotion by treating students as individuals, which clashes with the notion of resilience being a generalisable concept. Further studies may benefit from more qualitative work in these areas, with structure and support that allows for students to accurately reflect something of their experiences.

Moreover, students from school two (14 students; 44%) did not complete questions one to sixteen of questionnaires, as it was felt these were too long. Therefore, results regarding the definition of resilience were based on a smaller sample size of only one school, which may hinder confidence in conclusions.

Clinical Implications

This research highlights the important role of schools in the promotion of resilience in CYP in specialist provisions. The mechanisms felt to be important in this process have been reported directly by stakeholders, offering insight from those immediately receiving support or most closely involved in its implementation. This has implications for Clinical Psychology, specifically those working within education or Tier 2 services. As discussed, predictions suggest demand for specialist CAMHS will far outweigh availability in coming years. Therefore, alternative ways of supporting those in need must be found. Clinical psychologists within schools may use these findings to identify beneficial areas for resilience enhancement in students most at risk of adversity, prior to, or whilst waiting for, the input of mental health services. Furthermore, these results highlight a role for psychologists in helping staff to build up supportive relationships with each other and offering them the support they need in difficult roles, perhaps by facilitating groups with a focus on mechanisms involved in resilience promotion. In addition, these findings may prove useful for those involved in commissioning education services, highlighting the importance of retaining adequate provisions to accommodate the rising number of students attending UK special schools, despite widespread austerity.

Research Implications

This research has shown that research within specialist school provisions and including various stakeholder groups is possible, despite many challenges. This student population is under-represented within the literature; therefore, it is important that research continues despite the associated difficulties, whilst using the appropriate structures and supports.

In addition, this study has highlighted factors considered important in defining resilience within specialist provisions. Future work could build on previous research using quantitative methodologies for example

considering staff/student relationships instead of student/student relationships within a mediation analysis or using differing factors as mediators to investigate developmental-stage differences. Moreover, to date no resilience questionnaire measure exists specifically for use within this population. Therefore, further research could utilise these findings in development of a questionnaire measure specifically for use with students in SEBD settings, measuring improvement in the resilience resources stakeholders considered important.

Conclusion

This study represented the first attempt to explore the definition of resilience and its promotion by students, carers, care and education staff of an SEBD school provision. Findings suggest some shared understanding of what constitutes resilience and its promotion within an SEBD provisions, with both similarities and differences to those in the mainstream school literature. However, results indicate lesser consensus for the defining factors of resilience, indicating a possible lower level of shared understanding in this area. Factors considered to be involved with resilience promotion spanned intrapersonal, interpersonal, organisational and socio-political levels, offering support for the socio-ecological theory of resilience. Further research is warranted to put this understanding into practice, whilst being sensitive to individual differences and variations in group opinion.

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Part C

Appendix of Supporting Material

Appendix A: Hagströmer- Bowles Questionnaire Checklist

Revised Evaluation Template for Assessing Quality of Validation Studies: The Hagströmer- Bowles Questionnaire Checklist (Hagströmer, Ainsworth, Kwak & Bowles, 2012)

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Appendix B: Quality Appraisal Checklist

Hagströmer- Bowles Checklist Scores

Study	Subscale A: Reporting (/10)	Subscale B: External Validity (/3)	Subscale C: Internal Validity (/10)	TOTAL (/23)
Sanders et al. (2015, CYRM-28)	9 (no in/exclusion criteria)	1 (not random sample) (unclear if selected sample representative of all entire population)	3 (unable to determine demand characteristics) (unable to determine if researchers blinded) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not clearly reported) (no retest reliability) (sample size = partially scored)	13
Jefferies et al. (2018, CYRM-28)	8 (no in/exclusion criteria) (no description of participant characteristics with missing data)	1 (not random sample) (unclear if selected sample representative of all entire population)	4 (unable to determine demand characteristics reduction) (no attempt made to blind researches) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported) (no retest reliability)	12
Liebenberg et al. (2012, CYRM-28)	6 (no in/exclusion criteria) (no description of participant characteristics with missing data) (descriptive statistics unreported) (confidence intervals unreported)	0 (not random sample) (unclear if selected sample representative of all entire population) (measure completion unrepresentative- in groups)	3 (unable to determine demand characteristics reduction) (no attempt made to blind researches) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported) (sample size = partially scored)	9
Liebenberg et al. (2013; CYRM-12)	8 (no in/exclusion criteria) (confidence intervals unreported)	0 (not random sample) (unclear if selected sample representative of all entire population) (measure completion unrepresentative-with caregivers)	4 (no demand characteristics reduction) (no attempt made to blind researches) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported) (no retest reliability)	12
Montoya et al. (2011; CYRM-7)	6 (no in/exclusion criteria) (no age/gender descriptions)	1 (not random sample)	5 (unable to determine demand characteristics reduction) (no attempt made to blind researches)	12

	(no description of missing data) (descriptive statistics unreported)	(unclear if selected sample representative of all entire population)	(reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported)	
Gibson & Clarbour (2017; RSCA)	7 (no in/exclusion criteria) (no description of missing data) (confidence intervals unreported)	0 (not random sample) (unclear if selected sample representative of all entire population) (measure completion within prison cell with optional staff support)	2 (unable to determine demand characteristics reduction) (no attempt made to blind researches) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported) (no retest reliability) (unplanned analysis) (no retest reliability) (sample size = partially scored)	9
Prince-Embury (2010; RSCA)	9 (no description of participant characteristics with missing data)	1 (not random sample) (unclear if selected sample representative of all entire population)	4 (unable to determine demand characteristics reduction) (no attempt made to blind researches) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported) (no retest reliability)	14
Surzykiewicz et al. (2019; RS-14)	8 (no exclusion criteria) (description of missing data unreported)	1 (not random sample) (unclear if selected sample representative of all entire population)	5 (unable to determine demand characteristics reduction) (no attempt made to blind researches) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported) (no retest reliability)	14
Hurtes & Allen (2001; RASP)	5 (method administration unreported) (no exclusion criteria) (description of missing data unreported) (descriptive statistics unreported) (confidence intervals unreported)	0 (not random sample) (unclear if selected sample representative of all entire population) (administration procedures not described)	6 (unable to determine demand characteristics reduction) (no attempt made to blind researches) (reference measure not validated for SEN population) (unclear if matched timeframes across measures) (compliance not reported) (sample size = partially scored)	11

Appendix C- Student focus group questions

1. I know from staff here, that they think that young people becoming resilient is really important. Have you heard that word before? What does it mean to you? (If no response from students, will have a definition prepared. If yes, answers will be written out for reference).
 - What does everyone else think about that?
 - Does anyone have anything to add or that is different to that?
So this is what I have got so far (write out the student's ideas). Can we agree on that as a way of thinking about resilience that fits for *school* students? Could I maybe add a couple of things [add anything that is missing/ clarify]
2. If I asked you to imagine there was someone at this school who was very resilient – what would you notice about him or her?
 - Does anyone think differently or want to add something?
3. What kinds of thing does the school do that supports you to be resilient?
 - Additional questions, if necessary:
 - What about other students at school helps you to become resilient?
 - What about the environment of the school helps you to become resilient?
 - What about teaching and learning helps you to become resilient?
 - What about activities helps you to become resilient?
 - What about the well-being team helps you to become resilient?
 - Does anyone think differently or want to add something?
4. Could you give some examples of things that have happened at school that you think helped you become resilient?
 - What was it about that example that you think helped?
 - Does anyone think differently or want to add something?
5. Could the staff do more to help with your resilience?
 - Does anyone think differently or want to add something?
6. Can you think of anything that you think the school could include that they don't do already that might help you or other students become resilient?
 - Does anyone think differently or want to add something?

Appendix D- Staff focus group questions

1. What does the term 'resilience' mean to you in terms of students that come to *school* and schools like *school*?
 - Does anyone have anything to add or that is different to that?
So, we as a group think that resilience means... [summarise the group's definition]... I might also like to add that we might want to think about it in this way/ add this to our definition [add anything that might have been missed and clarify]. How does that sound? Can we agree on this as a working definition that fits for *school* and schools like *school*?
2. If you were to think of a student who was resilient in this way. what would you notice about them?
 - Does anyone have anything to add or that is different to that?
3. In what ways do you think *school* promotes this kind of resilience within students?
 - Does anyone have anything to add or that is different to that?
4. Could you give examples of things that you have noticed about *school* that promotes the kind of resilience we have been talking about?
 - Does anyone have anything to add or that is different to that?
5. Do you think *school* could do more to promote this kind of pupil resilience- what ideas do you have?
 - Does anyone have anything to add or that is different to that?



Have you got something to say about resilience?

Would you like your views to influence research in this area?

If your answer is yes to both of the above questions, please read on...

Aim

The aim of the study is to help us understand what school factors students, staff and carers think are important in resilience-promotion for students in specialist schools.

What will it involve?

A small number of staff will be asked to participate in two focus groups; one will comprise education staff and one care staff. The facilitator will ask questions related to resilience within students at specialist schools.

A report will be written summarising the findings. It is possible that the report may be published in a journal, but no names will be used.

What are the possible benefits of taking part?

We hope that this research will help us to know whether *school* is helping and supporting students in the way that students feel is best.

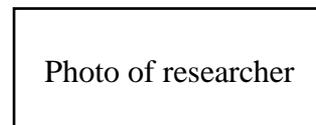
What happens next?

If you would like to take part in the research please contact Dr Jo Chester, Clinical Psychologist at *school* School on jo.chester@barnados.org.uk. If you have any questions about the research please contact Jessica Townsend, Trainee Clinical Psychologist on j.c.townsend459@canterbury.ac.uk.

Appendix F- Ethics panel approval letter

This has been removed from the electronic copy

Appendix G- Student round 1 information sheet



Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101

Date

Dear student of *School*,

Hello. My name is Jess and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study.

What is the research about?

We want to find out more about what schools do to help students have a good future

Why me?

We are beginning the research by asking a few students to take part because staff think they might have something to say about this topic. All *school* students will have a chance to take part in different areas of the research.

What will happen?

You will be invited to attend a small group discussion about your experience at *school*.

At a later date, you will also be asked to fill out two questionnaires. You can do this on the computer or an iPad. A member of staff will be around to help with this

Will everyone be able to know my answers to the question?

No, only the researchers and your key worker will see your answers. Your name won't be used on any questionnaires, so we will not know which answers were yours.

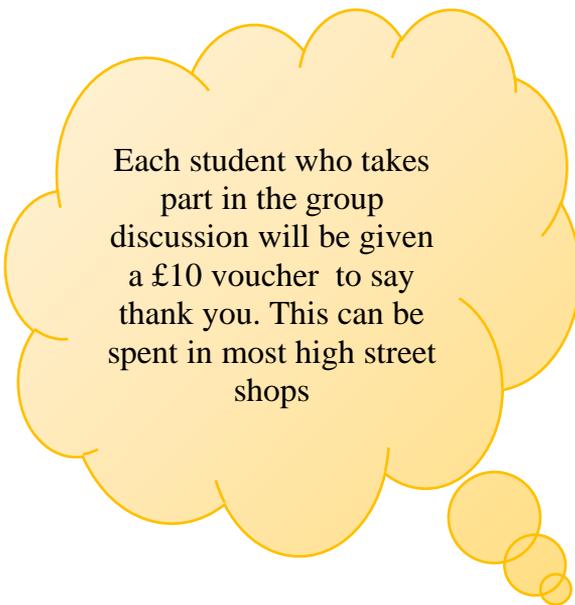
Do I have to take part?

No, it is up to you decide. If you agree to take part, I will ask you to sign a form. Saying you do not want to take part is okay. This won't affect your experience at *school*.

What are the pros and cons of taking part?

Some people might not like filling out questionnaires or thinking about some of the questions. It is really important that you either speak to me, or someone in school if you find any of the questions upsetting.

We hope this will help us find out the most useful ways to help students in school. It also might be interesting for you to take part in some research.



Each student who takes part in the group discussion will be given a £10 voucher to say thank you. This can be spent in most high street shops

What will you do with the information?

I will come to your school and let you know what I found out. I'll be writing a report too, which you can see if you want to.

When I write up my research, I won't be using anyone's names, so no one will know what you answered in the questionnaires.

Further information and contact details

If you have any further questions about the research, you can get hold of me at the email and number below. You can also speak to (school contact).

Jessica Townsend- j.c.townsend459@canterbury.ac.uk/01892 507673 (please leave a message explaining this is for Jessica and I will call you back)

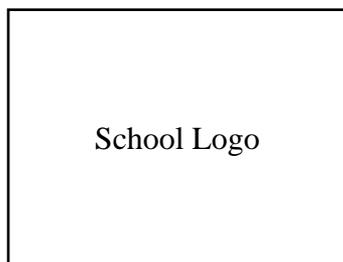
If you want to make a complaint, or speak to the university directly about the study, please contact:

Professor Paul Camic
Research Director- Salomons Centre
1 Meadow Rd, Tunbridge Wells TN1 2YG
0333 011 7101

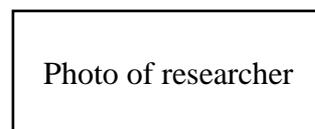
Please keep this information sheet for you to look at again if you would like to. You will also be given a copy of the consent form to keep too.

THANK YOU!!! 😊

Appendix H- Student round 2 and 3 information sheet



Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101



Date

Dear student of *school*,

Hello. My name is Jess and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study.

What is the research about?
We want to find out more about what schools do to help students have a good future

What will happen?
You will be invited to fill out two questionnaires. A member of staff will be around to help with this

Why me?
All students age 11-19 from *school* School are invited. We're interested in hearing different people's experiences

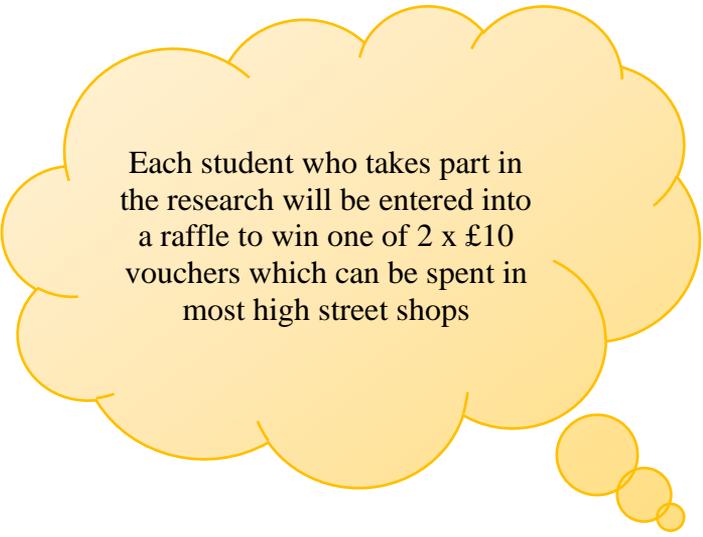
Will everyone be able to know my answers to the question?
No, your name won't be used on any questionnaires, so we will not know which answers were yours.

Do I have to take part?
No, it is up to you decide. If you agree to take part, I will ask you to sign a form.
Saying you do not want to take part is okay. This will not affect your experience at *school* School.

What are the pros and cons of taking part?

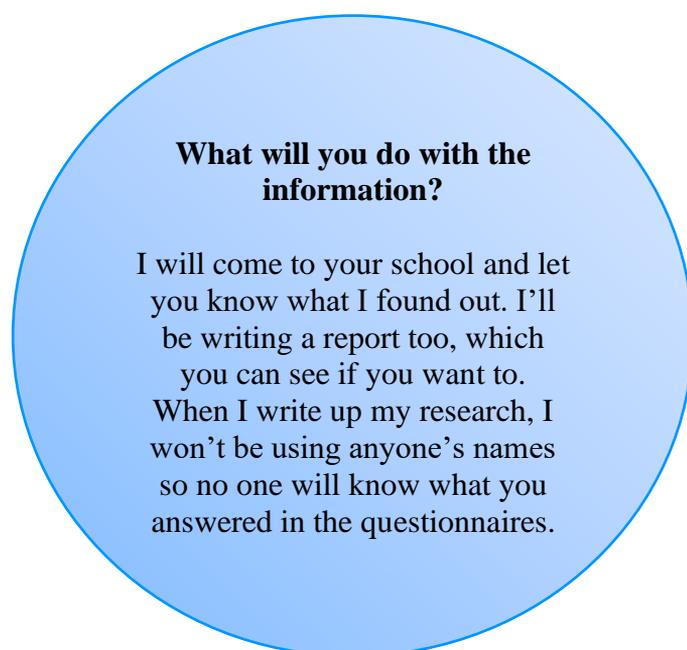
Some people might not like filling out questionnaires or thinking about some of the questions. It is really important that you either speak to me or someone in school if you find any of the questions upsetting.

We hope this will help us find out the most useful ways to help students in school. It also might be interesting for you to take part in some research.



Each student who takes part in the research will be entered into a raffle to win one of 2 x £10 vouchers which can be spent in most high street shops

What will you do with the information?



I will come to your school and let you know what I found out. I'll be writing a report too, which you can see if you want to. When I write up my research, I won't be using anyone's names so no one will know what you answered in the questionnaires.

Further information and contact details

If you have any further questions about the research, please feel free to contact me on the details below. Alternatively, you could speak to Dr Jo Chester, Clinical Psychologist.

Jessica Townsend- j.c.townsend459@canterbury.ac.uk/01892 507673 (please leave a message explaining this is for Jessica and I will call you back)

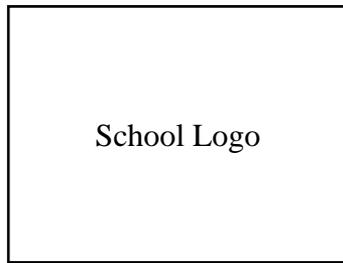
If you want to make a complaint, or speak to the university directly about the study, please contact:

Dr Fergal Jones
Research Director- Salomons Centre
1 Meadow Rd, Tunbridge Wells TN1 2YG
0333 011 7101

Please keep this information sheet for you to look at again if you would like to. You will also be given a copy of the consent form to keep too.

THANK YOU!!! ☺

Appendix I- Staff round 1 information sheet



Date

Dear staff of *school*,

The role of social, emotional and behavioural difficulties (SEBD) schools in promoting student resilience: staff, student and parent perspectives.

My name is Jess and I am a trainee clinical psychologist at Canterbury Christ Church University. I am inviting students and staff of *school* School to take part in a research study.

What is the purpose of the study?

The aim of the study is to help us understand what school factors students and staff think are important in resilience-promotion for students in specialist schools.

What have I been invited to take part?

We are asking staff of *school* School who have worked here for over 6 months to take part.

Do I have to take part?

It is up to you to decide whether you wish to join the study or not. If you agree to take part, you will need to sign a consent form. You are free to withdraw from participation at any time, without giving a reason. Not participating will not affect any aspect of your job at *school* School in any way.

What will happen if I take part?

A small group of staff will be asked to participate in a focus group. One focus group will comprise education staff and one care staff. These focus groups will be audio recorded. If more staff members volunteer to participate than are needed, focus group participants will be randomly selected.

After the focus group all volunteers will then be asked to complete two questionnaires. These will be completed electronically.

What are the possible disadvantages and risks of taking part?

You may feel you would like to take part in the project but need some additional support to allow you to do so. If this is the case for you, please talk in confidence to Jo Chester or myself (Jessica Townsend) and we will do anything we can to make this possible for you to be able to take part.

What are the possible benefits of taking part?

We hope that this research will help us to know whether this school is helping and supporting students in the way that students feel is best. Hopefully this would benefit students if it led to changes in the way they are supported. We hope this could also then help other schools.

It may also be an interesting experience to take part in some research.

Will taking part in the study be kept confidential?

If you opt to take part in the focus groups, these will occur with other members of *school* staff. We will ask that group discussions to be kept confidential.

When completing questionnaires, each participant will be given an individual participant number so that names are not used, and responses remain anonymous. This will ensure that no one is able to identify who completed each questionnaire. The anonymous data will be stored securely, with electronic data being encrypted and paper data being stored in locked cabinets. The information will be used in a report which will also not have any names in it. The report will be given to the university to mark as part of my training programme.

What will happen to the results of the study?

You will be invited to hear the results of the study in an optional presentation at the school. You will also be able to see a copy of the report if you would like, once it has been finished. It is possible that the report may be published in a journal, but again no names will be used.

Who is organising and funding the research?

Canterbury Christ Church University are organising and funding the research. *school* School and West Health School have also been involved in organising this.

Who has reviewed the study?

All research is looked at by a Research Ethics Committee, to protect the interests of all who take part. This study has been reviewed and given favourable opinion by the Salomons Research Ethics Committee.

What will happen if I change my mind?

You can withdraw your permission at any time and your data will be withdrawn from the study.

What if there is a pPt 11em?

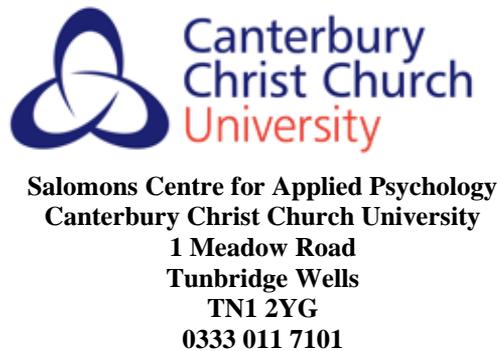
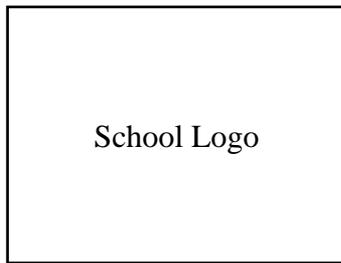
If there is a pPt 11em during this process, you could either discuss this with myself or either of my supervisors; Dr Jo Chester (*school* School) or Dr Trish Joscelyne (Canterbury Christ Church University). If this hasn't solved your pPt 11em, you can also contact the university:

Dr. Fergal Jones
Research Director
Salomons Institute for Applied Psychology
Canterbury Christ Church University
fergal.jones@canterbury.ac.uk.

If you would like to find out more about the study, you can leave a message for me on a 24-hour voicemail phone line at 01892 507672. Please specify that the message is for Jessica Townsend and leave a contact number so that I can get back to you. Alternatively, please email me on j.c.townsend459@canterbury.ac.uk.

THANK YOU

Appendix J- Staff round 2 and 3 information sheet



Date

Dear staff of *school*,

The role of social, emotional and behavioural difficulties (SEBD) schools in promoting student resilience; staff, student and parent perspectives.

My name is Jess and I am a trainee clinical psychologist at Canterbury Christ Church University. I am inviting students and staff of *school 2* School to take part in a research study.

What is the purpose of the study?

The aim of the study is to help us understand what school factors students and staff think are important in resilience-promotion for students in specialist schools.

What have I been invited to take part?

We are asking staff of *school 2* School who have worked here for over 6 months to take part.

Do I have to take part?

It is up to you to decide whether you wish to join the study or not. If you agree to take part, you will need to sign a consent form. You are free to withdraw from participation at any time, without giving a reason. Not participating will not affect any aspect of your job at *school 2* in any way.

What will happen if I take part?

You will be asked to complete a questionnaire about resilience within specialist schools, at two time points.

What are the possible disadvantages and risks of taking part?

You may feel you would like to take part in the project but need some additional support to allow you to do so. If this is the case for you, please approach me in confidence and I will do anything I can to make it possible for you to be able to take part.

What are the possible benefits of taking part?

We hope that this research will help us to know whether this school is helping and supporting students in the way that students feel is best. Hopefully this would benefit students if it led to changes in the way they are supported. We hope this could also then help other schools.

It may also be an interesting experience to take part in some research.

Will taking part in the study be kept confidential?

When completing questionnaires, each participant will be given an individual participant number so that names are not used, and responses remain anonymous. This will ensure that no one is able to identify who completed each questionnaire. The anonymous data will be stored securely, with electronic data being encrypted and paper data being stored in locked cabinets. The information will be used in a report which will also not have any names in it. The report will be given to the university to mark as part of my training programme.

What will happen to the results of the study?

You will be invited to hear the results of the study in an optional presentation at the school. You will also be able to see a copy of the report if you would like, once it has been finished. It is possible that the report may be published in a journal, but again no names will be used.

Who is organising and funding the research?

Canterbury Christ Church University are organising and funding the research. *school* School and *school 2* School have also been involved in organising this.

Who has reviewed the study?

All research is looked at by a Research Ethics Committee, to protect the interests of all who take part. This study has been reviewed and given favourable opinion by the Salomons Research Ethics Committee.

What will happen if I change my mind?

You can withdraw your permission at any time and your data will be withdrawn from the study.

What if there is a pPt 1lem?

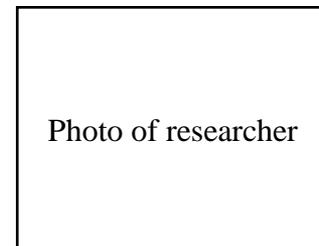
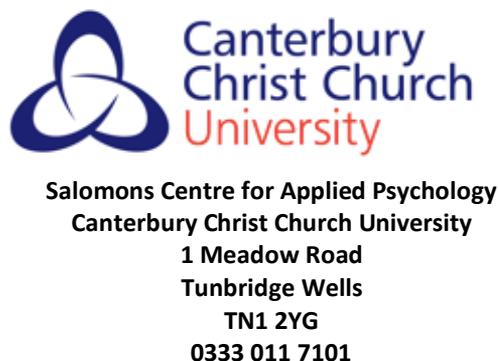
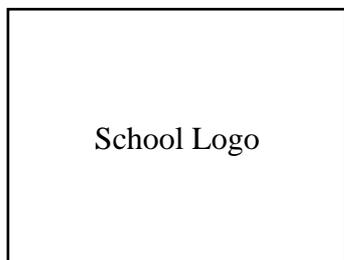
If there is a pPt 1lem during this process, you could either discuss this with myself or my supervisor; Dr Trish Joscelyne (Canterbury Christ Church University). If this hasn't solved your pPt 1lem, you can also contact the university:

Dr. Fergal Jones
Research Director
Salomons Institute for Applied Psychology
Canterbury Christ Church University
fergal.jones@canterbury.ac.uk.

If you would like to find out more about the study, you can leave a message for me on a 24-hour voicemail phone line at 01892 507672. Please specify that the message is for Jessica Townsend and leave a contact number so that I can get back to you. Alternatively, please email me on j.c.townsend459@canterbury.ac.uk.

THANK YOU

Appendix K- Carer round 2 and 3 information sheet



Dear carers of students at *school*,

Date

The role of social, emotional and behavioural difficulties (SEBD) schools in promoting students resilience: staff and student perspectives.

My name is Jess and I am a trainee clinical psychologist at Canterbury Christ Church University. I am inviting students, staff and carers of *school* School to take part in a research study.

What is the purpose of the study?

The aim of the study is to help us understand what school factors students, staff and carers think are important in resilience-promotion for students in specialist schools.

What have I been invited?

We are asking carers of students of *school* School/ *school 2* School to take part.

Do I have to take part?

It is up to you to decide whether you wish to join the study or not. If you agree to take part, you will need to sign a consent form. You are free to withdraw from participation at any time, without giving a reason. Not participating will not affect any aspect of your young person's experience at *school*/*school 2* School.

What will happen if I take part?

If you decide to take part, you will be asked to complete an electronic questionnaire, at two different time points.

What are the possible disadvantages and risks of taking part?

Some carers may find that answering the questions brings up personal issues which might be upsetting. Should this happen for you and you don't have anyone you know to talk to, you could contact The Parents Helpline on 0808 802 5544. This helpline is a part of the Young Minds Charity and provides free support for parents. Calls are free Monday-Friday from 9.30am to 4pm and are available in England, Scotland, Wales and Northern Ireland.

What are the possible benefits of taking part?

We hope that this research will help us to know whether this school is helping and supporting students in the way that students feel is best. Hopefully this would benefit students if it led to changes in the way students are supported. We hope this could also then help other schools.

It may also be an interesting experience to take part in some research.

Will taking part in the study be kept confidential?

When completing questionnaires, you will be given an individual participant number so that names are not used, and responses remain anonymous. This will ensure that no one is able to identify who completed each questionnaire. The anonymous data will be stored securely, with electronic data being encrypted and paper data being stored in locked cabinets. The information will be used in a report which will also not have any names in it. The report will be given to the university to mark as part of my training programme.

What will happen to the results of the study?

You will be invited to hear the results of the study in an optional presentation at the school. You will also be able to see a copy of the report if you would like, once it has been finished. It is possible that the report may be published in a journal, but again no names will be used.

Who is organising and funding the research?

Canterbury Christ Church University are organising and funding the research. *school* School and West Health School have also been involved in helping with this project.

Who has reviewed the study?

All research is looked at by a Research Ethics Committee, to protect the interests of all who take part. This study has been reviewed and given favourable opinion by the Salomons Research Ethics Committee.

What will happen if I change my mind?

You can withdraw your permission at any time and your data will be withdrawn from the study.

What if there is a problem?

If there is a problem during this process, you could either discuss this with myself or either of my supervisors; Dr Jo Chester (*school* School) or Dr Trish Joscelyne (Canterbury Christ Church University). If this hasn't solved your problem then, you can also contact the university:

Professor Paul Camic
Research Director- Salomon's Centre
Salomons Centre
1 Meadow Road
Tunbridge Wells
Kent
TN1 2YG

If you would like to find out more about the study, you can leave a message for me on a 24-hour voicemail phone line at 01892 507672. Please specify that the message is for Jessica Townsend and leave a contact number so that I can get back to you. Alternatively, please email me on j.c.townsend459@canterbury.ac.uk.

THANK YOU

Appendix L- Student Round 1 consent form (under 16 years old)

School Logo

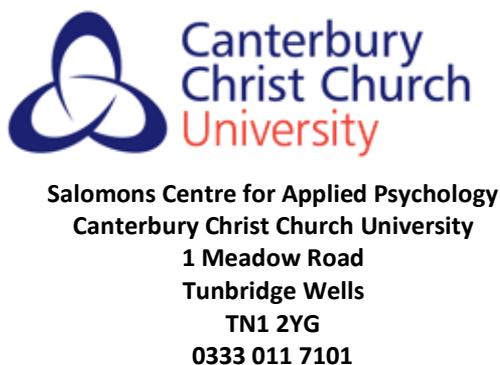


Photo of researcher

Date

Consent Form

Dear Student,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend

1. I confirm that I have read and understand the information sheet for the above study. I have been given enough time to think about the information, ask questions. I have understood the answers and am happy with these.

2. I confirm that I understand that it is my choice to take part in this research and that I can choose to stop at any time without giving a reason. I know that this will not affect my placement at *school* in any way.

3. I understand that there will be a report written about this study and I know that my name will not be used.

4. I understand that all data will be stored in a safe place and will be kept for up to ten years and will then be deleted or shredded.

5. I am aware that the focus groups will be audio recorded and I agree to this.

6. I understand that my parent, guardian or carer will have to say it is okay for me to take part in the study, but I am ticking here to say I would like to take part

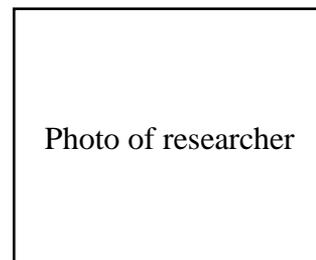
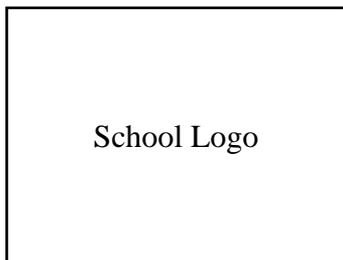
Name of Participant:

Date:

Signature:

Witnessed by:

Appendix M- Student round 1 consent form (over 16 years old)



Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101

Consent Form

Dear Student,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend

1. I confirm that I have read and understand the information sheet for the above study. I have been given enough time to think about the information, ask questions. I have understood the answers and am happy with these.

2. I confirm that I understand that it is my choice to take part in this research and that I can choose to stop at any time without giving a reason. I know that this will not affect my placement at *school* in any way.

3. I understand that there will be a report written about this study and I know that my name will not be used.

4. I understand all data will be stored in a safe place and will be kept for up to ten years and will then be deleted or shredded.

5. I am aware that the focus groups will be audio recorded and I agree to this.

6. I consent to take part in the above study

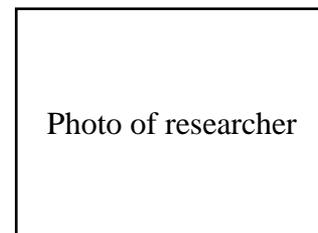
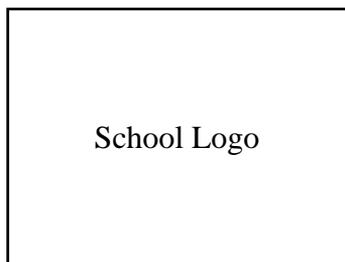
Name of Participant:

Date:

Signature:

Witnessed by:

Appendix N– Staff round 1 consent form



Date

Dear staff of *school*,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend, Trainee Clinical Psychologist

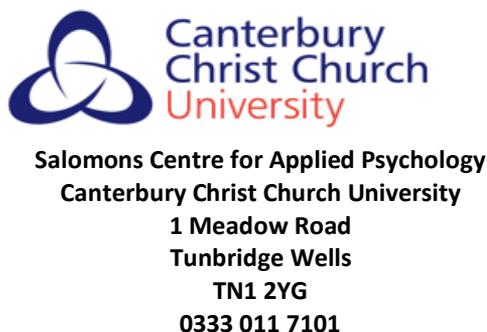
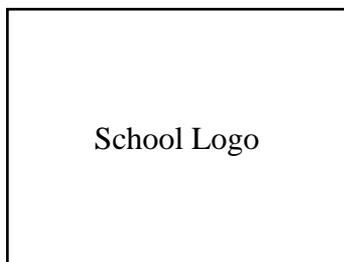
- 1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
- 3. I am aware that the focus groups will be audio recorded and I agree to this.
- 4. I understand that the results from this research are going to be included in a report and that my details (such as my name) will not be used.
- 5. I understand all data will be stored securely and will be kept for up to ten years in line with research protocols, and then destroyed.
- 6. I agree to take part in the above study.

Name:

Date:

Signature:

Appendix O- Student round 2 and 3 consent form (under 16 years)



Date

Consent Form

Dear Student,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend

1. I confirm that I have read and understand the information sheet for the above study. I have been given enough time to think about the information, ask questions. I have understood the answers and am happy with these.

2. I confirm that I understand that it is my choice to take part in this research and that I can choose to stop at any time without giving a reason. I know that this will not affect my placement at *school* in any way.

3. I understand that there will be a report written about this study and I know that my name will not be used.

4. I understand that all data will be stored in a safe place and will be kept for up to ten years and will then be deleted or shredded.

5. I understand that my parent, guardian or carer will have to say it is okay for me to take part in the study, but I am ticking here to say I would like to take part

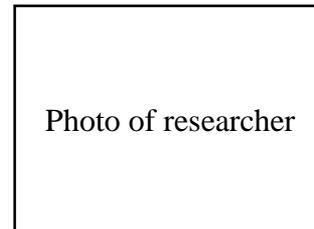
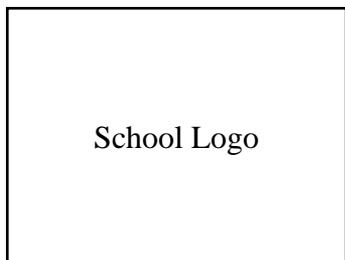
Name of Participant:

Date:

Signature:

Witnessed by:

Appendix P- Student round 2 and 3 consent form (over 16 years)



**Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101**

Date

Consent form

Dear Student,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend

1. I confirm that I have read and understand the information sheet for the above study. I have been given enough time to think about the information, ask questions. I have understood the answers and am happy with these.

2. I confirm that I understand that it is my choice to take part in this research and that I can choose to stop at any time without giving a reason. I know that this will not affect my placement at *school* in any way.

3. I understand that there will be a report written about this study and I know that my name will not be used.

4. I understand all data will be stored in a safe place and will be kept for up to ten years and will then be deleted or shredded.

5. I consent to take part in the above study

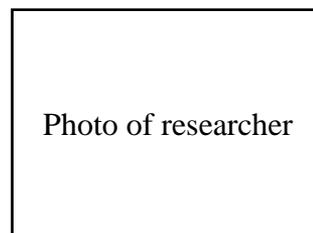
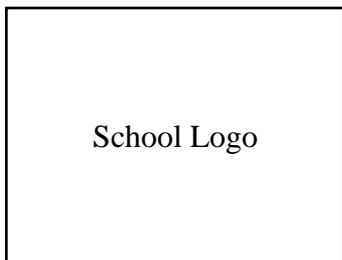
Name of Participant:

Date:

Signature:

Witnessed by:

Appendix Q- Staff round 2 and 3 consent form



**Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101**

Consent form

Date

Dear staff of *school*,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend, Trainee Clinical Psychologist

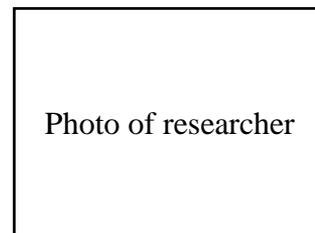
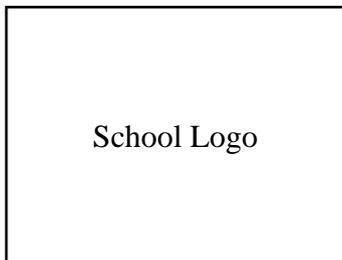
- 1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.
- 3. I understand that the results from this research are going to be included in a report and that my details (such as my name) will not be used.
- 4. I understand all data will be stored securely and will be kept for up to ten years in line with research protocols, and then destroyed.
- 5. I agree to take part in the above study.

Name:

Date:

Signature:

Appendix R- Carer round 2 and 3 consent form



Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101

Date:

Consent form

Dear parents/guardians/carers,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend, Trainee Clinical Psychologist

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

3. I understand that the results from this research are going to be included in a report and that my details (such as my name) will not be used.

4. I understand all data will be stored securely and will be kept for up to ten years in line with research protocols, and then destroyed.

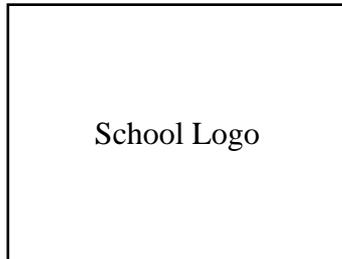
5. I agree to take part in the above study

Name:

Date:

Signature:

Appendix S- Carer information sheet for student round 1 participation



Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101



Dear parents/guardians of students at *school*,

Date

The role of social, emotional and behavioural difficulties schools in promoting students resilience; staff and student perspectives.

My name is Jess and I am a trainee clinical psychologist at Canterbury Christ Church University. I am inviting students of *school* School to take part in a research study. In order for them to take part, I would need permission from their legal guardian. Before you decide whether or not you agree to this, it is important that you understand why the research is being done and what it would involve for them.

What is the purpose of the study?

This study is designed to help us understand what factors in the lives of young people at school help them to be successful and enjoy elements of their lives despite any difficulties.

Why has my young person been invited?

Your young person has been invited to take part as staff thought they would be able to talk well and have a lot to say about their experiences at *school* School.

Do they have to take part?

It is up to you to decide whether your young person joins the study or not. If you agree for them to take part, you would need to sign the attached consent form. You are free to withdraw your permission at any time, without giving a reason. It is okay if you do not want your young person to take part.

What will happen if they take part?

Your young person will be asked to take part in a small focus group with other students, talking about some of their experiences at *school* School. They will also be asked to complete two questionnaires at a later date.

What are the possible disadvantages and risks of taking part?

Some students may find it difficult to complete questionnaires or participate in focus groups. Jo Chester, School Psychologist and I will be available to discuss any concerns, should they arise.

What are the possible benefits of taking part?

We hope the research will help us to know whether this school is helping and supporting students in the way that students, carers and staff feel is best. Hopefully this would benefit your young person if it led to changes in the way students are supported. We hope this could then also help other schools.

Will taking part in the study be kept confidential?

Each participant will be given a particular number instead of their name, and their responses will remain anonymous. This will ensure that no one is able to identify who completed each questionnaire. The anonymous data will be stored securely, with electronic data being encrypted and paper data being stored in

locked cabinets. This information will be used in a report, which will also not have any names in it. The report will be given to the university to mark as part of my training programme.

What will happen to the results of the study?

You will be invited to hear the results of the study in an optional presentation at the school. You will also be able to see a copy of the report if you would like, once it has been finished. It is possible that the report may be published in a journal, but again no names will be used.

Who is organising and funding the research?

Canterbury Christ Church University are organising and funding the research. *school* School and West Health School have also been involved in organising this.

Who has reviewed the study?

All research is looked at by a group of people, called a Research Ethics Committee, to protect the interests of all who take part. This study has been reviewed and given favourable opinion by the Salomons Research Ethics Committee.

What will happen if I change my mind?

You can withdraw your permission at any time and your data will be withdrawn from the study. This will not need lead to any consequences at the school.

What if there is a problem?

If there is a problem Ilem during this process, you could either discuss this with myself or either of my supervisors; Dr Jo Chester (*school* School) or Dr Trish Joscelyne (Canterbury Christ Church University). If this hasn't solved your problem Ilem, you can also contact the university:

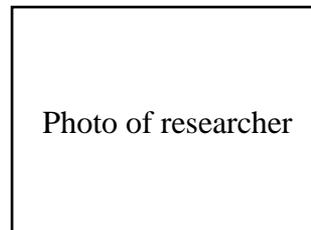
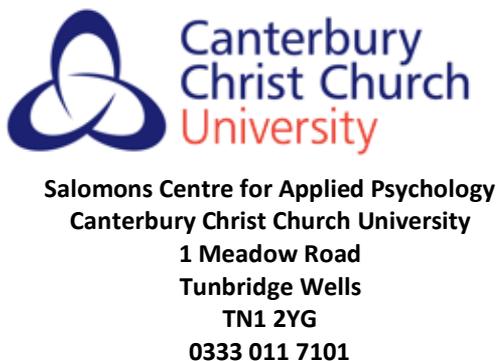
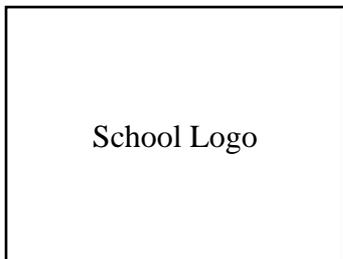
Professor Paul Camic
Research Director- Salomon's Centre
Salomons Centre
1 Meadow Road
Tunbridge Wells
Kent
TN1 2YG

If I have not heard from you within two weeks, I will attempt to contact you via telephone.

If you would like to find out more about the study, you can leave a message for me on a 24-hour voicemail phone line at 01892 507672. Please specify that the message is for Jessica Townsend and leave a contact number so that I can get back to you. Alternatively, please email me on j.c.townsend459@canterbury.ac.uk.

THANK YOU

Appendix T-Carer consent form for student round 1 participation



Date:

Consent form

Dear parents/guardians/carers,

What factors promote pupil resilience within specialist schools?

Name of Researcher: Jessica Townsend, Trainee Clinical Psychologist

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that participation is voluntary and that I am free to withdraw permission at any time without giving any reason.

3. I am aware that the focus groups will be audio recorded and I agree to this.

4. I understand that the results from this research are going to be included in a report and that my young person's details (such as their name) will not be used.

5. I understand all data will be stored securely and will be kept for up to ten years in line with research protocols, and then destroyed.

6. I agree for the young person named below take part in the above study

Name of Pupil:

Name of Parent/Guardian/Carer:.....

Date:

Signature:

Appendix U-Carer opt-out letter for student round 2 and 3 participation

School Name
Address 1
Address 2
Address 3
Post Code
Phone

Date: dd/mm/yyyy

Dear Parents/Guardians/Carers,

We are writing to inform you that your young person has recently chosen to complete a questionnaire at school. The findings of this are intended to be used as part of a research study, aiming to help us understand what school factors students think are important in resilience-promotion within specialist schools. Please see information sheet enclosed for further details about the study.

The responses from your young person's questionnaire will be anonymous, meaning that the results cannot be linked to individual students. The information will be used in a report which will also not have any names in it.

If you do not wish for your young person's responses to be used for this study, please let us know within two weeks of the date of this letter. You may do so by sending a letter addressed to Joanne Chester, Senior Clinical Psychologist at *school* School or by emailing Jessica Townsend at j.c.townsend459@canterbury.ac.uk stating *'I do not want my young person's answers used in this study, please destroy any questionnaires they have filled in.'* You may also telephone the school on the number above, stating your own and your young person's name clearly on the answerphone with the above statement. I will then reply to you by telephone or letter to confirm this has been received.

If no response is received to this letter, it will be assumed that consent has been given for your young person's participation.

Thank you for your support and cooperation.

Kind regards,

(electronic signature)

Jessica Townsend
Trainee Clinical Psychologist
Canterbury Christ Church University





THANK YOU!

Photo of researcher

Thank you for meeting with me to complete some questionnaires last year. This was for some research I am doing at University.

From looking at everyone's answers I found out some interesting things. These were about what you think resilience means and how school helps young people to become resilient:

How do schools support resilience?

- Being flexible and treating students as individuals
- Having varied subjects
- More staff, therapy and opportunities than mainstream schools
- Everyone supporting and learning from each other
- School being consistent and helping students feel safe
- Support from friends
- Supporting students to have good relationships and manage their feelings

What is resilience?

- Being prepared to attempt new challenges
- Coping, recovering and moving forward from challenges
- Developing healthy relationships
- Learning from past experiences
- Developing confidence
- Managing emotions
- Developing independence

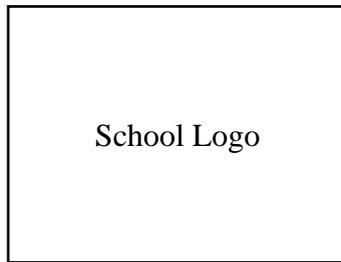
This information is really helpful to people who work with students that attend schools like yours. I hope it can help them in their work when they are supporting you all in school.

I think some of this is a bit tricky to explain in writing, so I'm going to come to an assembly soon and explain it a bit better. I'm looking forward to coming to your school again.

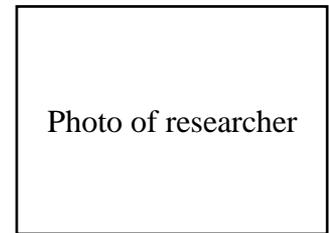
Thank you so much for all of your hard work. Without your help, we would not have found out all the new information. You should feel very proud.

Jess Townsend
Trainee Clinical Psychologist

Appendix W– Staff/Carer results summary



Salomons Centre for Applied Psychology
Canterbury Christ Church University
1 Meadow Road
Tunbridge Wells
TN1 2YG
0333 011 7101



Dear Staff/Carers,

Thank you for completing some questionnaires about resilience within schools for students with Social, Emotional and Behavioural Difficulties (SEBD) last year. This was for research I was undertaking as part of a thesis for my Doctorate in Clinical Psychology. I am writing to provide you with some information about the results.

The aim of the study was to learn more about what resilience means in SEBD settings and how schools can support resilience promotion within its students. This involved 3 focus groups with students, education staff and care staff to generate some initial ideas. These ideas were then used to develop a questionnaire which was distributed to students, staff and carers across two school sites.

Results suggested that resilience in SEBD provisions means:

- Being prepared to try and fail
- Coping and recovering from challenges
- Moving forward after challenges
- Developing healthy relationships
- Reflecting on past experiences and learning from them
- Developing confidence
- Understanding and managing feelings
- Managing conflicts well
- Developing independence
- Being ready for anything
- Being involved in less incidents at school
- And that resilience can be different for everyone

Results suggested that resilience can be promoted within SEBD provisions by:

- Treating students as individuals
- Staff having lots of different skills
- Staff being resilient
- Staff making time for students
- Staff acting as role-models for students
- School offering a range of curriculum activities that provide students opportunities to succeed
- Students having more opportunities and support than mainstream
- School having more therapy provision than mainstream

- Staff supporting students to build or keep relationships
- Staff supporting students to learn from past experiences
- School providing students with new ideas and experiences
- Supporting students to understand and manage difficult feelings and experiences
- School teaching students to be independent
- Students feeling there is always someone there for them
- Students feeling heard
- Strong relationships between staff and students
- Strong joint working with all communities around a child, for example families and services
- Staff supporting, praising and encouraging students
- Staff supporting and learning from one another
- Providing a sense of community and a place where everyone feels they belong
- School creating stability
- School being a consistent place
- School giving students a sense of safety
- Taking a flexible approach
- Staff asking students about their wellbeing
- Staff being self-aware and being able to reflect
- Students having friends at school to learn from and be encouraged by
- Higher staffing levels than mainstream
- School offering good quality training
- Strong communication between everyone at school

This information is really helpful for professionals working within education, as it highlights the multiple ways in which specialist schools work to support students, which is a highly under researched area.

Thank you for taking the time to take part!

Kind regards,

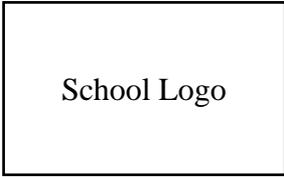
(electronic signature)

Jessica Townsend
 Trainee Clinical Psychologist
 Canterbury Christ Church University

Appendix X: Example coded transcript

This has been removed from the electronic copy

Appendix Y: Round 2 questionnaire



1. **NAME/STUDENT NAME** (this will just be used to assign you a confidential number):

2. How would you describe your gender?

Male Female Other

3. How old are you and what month were you born in?

3. Which of these options best describes your ethnic group? Circle one option

White

Mixed/Multiple ethnic groups

Asian/Asian British

English/ Welsh/ Scottish/ Northern Irish/ British

White and Black Caribbean

Indian

Irish

White and Black African

Pakistani

Gypsy or Irish Traveller

White and Asian

Bangladeshi

Any other White background, please describe

Any other Mixed/Multiple ethnic background, please describe

Chinese

Any other Asian background, please describe

Black/ African/Caribbean/Black British

Other ethnic group

African

Arab

Caribbean

Any other ethnic group, please describe

Any other Black/African/

Caribbean background, please describe

4. How would you describe your role at *school* School?

Student Care Staff Education Staff Parent/Carer

5. If you are a **student/staff**, when did **you** start at *school* School?

If you are a **parent**, when did **your child/the child you look after** start at *school*?

Please rate how much you agree or disagree with each statement that describes what resilience means from your own experiences of being a student or staff member at *school* School, or of being a parent/carer of a child who attends this school.

1. Student resilience means **having an improved mood**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

2. Student resilience means **developing confidence**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

3. Student resilience means **developing healthy relationships**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

4. Student resilience means **coping and recovering from challenges**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

5. Student resilience means **moving forward after challenges**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

6. Student resilience means **understanding and managing feelings**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

7. Student resilience means **managing conflicts well**

1	2	3	4	5	6
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Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
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8. Student resilience means **developing independence**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

9. Student resilience means **being prepared to try and fail**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

10. Student resilience means **being ready for anything**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

11. Student resilience means **reflecting on past experiences and learning from them**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

12. Student resilience means **enjoying school**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

13. Student resilience means **getting on in education**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

14. Student resilience means **staying in school without being expelled**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

15. Student resilience means **being involved in less incidents at school**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

16. Student resilience **can be different for everyone**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

If you have anything you would like to say about your answers, please write it in the box below (Optional)

Please note change in beginning of questions/statements from here onwards. I am now giving you statements about how school helps develop resilience in young people.

Please rate how much you agree or disagree with each statement from your own experiences of being a student or staff member at [*school*/*school 2* School], or of being a parent/carer of a child who attends this school?

17. Student resilience is promoted by **taking a flexible approach**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

18. Student resilience is promoted by **treating students as individuals**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

19. Student resilience is promoted **by staff asking students about their wellbeing**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

20. Student resilience is promoted **by staff having lots of different skills**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

21. Student resilience is promoted **by staff being self-aware and being able to reflect**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

22. Student resilience is promoted **by staff being resilient**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

23. Student resilience is promoted **by staff making time for students**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

24. Student resilience is promoted **by staff acting as role-models for students**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

25. Student resilience is promoted **by students having friends at school to learn from and be encouraged by**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

26. Student resilience is promoted **by school offering a range of curriculum activities that provide students opportunities to succeed**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

27. Student resilience is promoted **by students having more opportunities and support than mainstream**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

28. Student resilience is promoted **by school having higher staffing levels than mainstream**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

29. Student resilience is promoted **by school offering good quality training**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

30. Student resilience is promoted **by school having more therapy provision than mainstream**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

31. Student resilience is promoted **by staff supporting students to build or keep relationships**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

32. Student resilience is promoted by **staff supporting students to learn from past experiences**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

33. Student resilience is promoted by **school providing students with new ideas and experiences**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

34. Student resilience is promoted by **supporting students to understand and manage difficult feelings and experiences**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

35. Student resilience is promoted **by school teaching students to be independent**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

36. Student resilience is promoted **by students feeling there is always someone there for them**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

37. Student resilience is promoted **by students feeling heard**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

38. Student resilience is promoted **by strong relationships between staff and students**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

39. Student resilience is promoted **by strong joint working with all communities around a child, for example families and services**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

40. Student resilience is promoted by **staff supporting, praising and encouraging students**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

41. Student resilience is promoted by **staff supporting and learning from one another**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

42. Student resilience is promoted by **strong communication between everyone at school**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

43. Student resilience is promoted by **school providing a sense of community and a place where everyone feels they belong**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

44. Student resilience is promoted by **school creating stability**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

45. Student resilience is promoted by **school being a consistent place**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

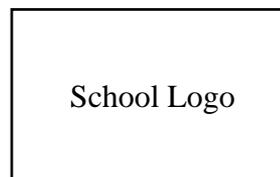
46. Student resilience is promoted by **school giving students a sense of safety**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree

If you have anything you would like to say about your answers, please write it in the box below (Optional)

Thank you for filling in this questionnaire!

Appendix Z- Example Round 3 questionnaire



The role of social, emotional and behavioural difficulties (SEBD) schools in promoting student resilience; staff, student and parent/carer perspectives.

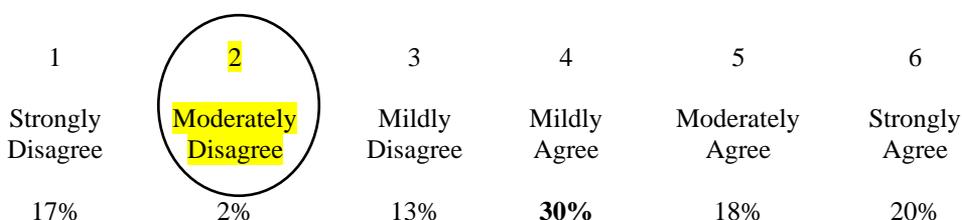
In this final round, you will see the same statements shown in the previous round. With each statement, your previous response has been **highlighted**. The overall percentages of responses from everyone who has completed the questionnaire are shown, with the most common response listed in **bold**. Some of the comments made by participants in the previous round have been anonymously presented at the top of each section or throughout the questionnaire in speech bubbles.

This is your opportunity to **either change or confirm your responses**.

If you would like to change your rating, please circle your new rating on the Likert scale below each statement. If you want to keep the same rating you gave on the previous round, please circle this again.

Example (same response)

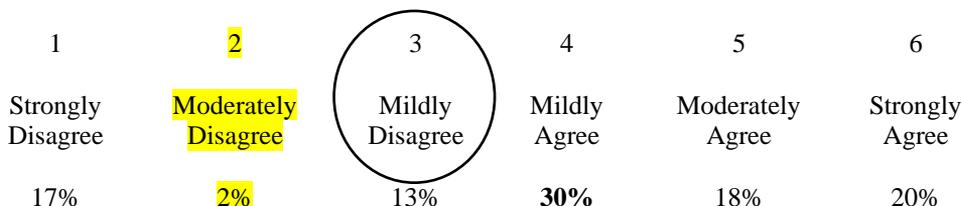
1. Student resilience means **having an improved mood**



- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

Example (changed response)

2. Student resilience means **having an improved mood**



- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

Comments from the previous round:

- “I strongly agree with all these statements bar two. School can not be a consistent place due to the changing nature of the environment. Resiliency is about learning to adapt and accept change. Additionally, the therapy provision- this is not available to all students here, yet those still make progress in becoming resilient. But of course therapy provision supports resiliency”
- “I believe resilience is a young person reflects in every area in their life and education is only one factor”
- “Resilience is not measurable and is not developed in a unique/similar situation or at a specific age. Example- frustration can be triggered in different students for very different reasons and their level of resilience would help them manage the intensity of it differently”
- “Resilience is a skill that can be taught. Pupils learn at different paces so some will master it quicker than others. Those with severe emotional problems will take longer to master it.”

Please rate how much you agree or disagree with each statement that describes what resilience means from your own experiences of being a student or staff member at *school* School, or of being a parent/carer of a child who attends this school.

1. Student resilience means **having an improved mood**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
3.6%	2.9%	11.6%	35.5%	29.7%	16.7%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

2. Student resilience means **developing confidence**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	5.8%	20.3%	37%	36.2%

3. Student resilience means **developing healthy relationships**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	1.4%	7.2%	18.1%	40.6%	31.9%

4. Student resilience means **coping and recovering from challenges**

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0%	0%	13%	30.5%	56.5%

5. Student resilience means moving forward after challenges

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	0.7%	9.4%	29%	60.1%

6. Student resilience means understanding and managing feelings

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	2.9%	15.2%	34.8%	46.4%

7. Student resilience means managing conflicts well

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0%	2.9%	21.7%	37%	38.4%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

8. Student resilience means developing independence

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0.7%	2.9%	23%	39.6%	33.1%

9. Student resilience means being prepared to try and fail

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0.7%	3.6%	13.7%	34.5%	46.8%

10. Student resilience means being ready for anything

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
2.2%	2.2%	10.1%	25.2%	37.4%	23%

11. Student resilience means reflecting on past experiences and learning from them

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0%	2.9%	18.7%	36.7%	41.7%

12. Student resilience means enjoying school

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
7.9%	8.6%	17.3%	30.9%	26.6%	8.6%

13. Student resilience means getting on in education

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	7.2%	11.5%	35.3%	33.1%	12.2%

14. Student resilience means staying in school without being expelled

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
3.6%	9.4%	18.7%	23%	27.3%	18%

15. Student resilience means being involved in less incidents at school

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	5.8%	12.9%	30.2%	30.2%	20.1%

16. Student resilience can be different for everyone

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	1.4%	3.6%	10.1%	26.1%	58%

"I don't think enjoyment of school is equivalent to resilience, as if you are an absolute outdoor person you can still do what is expected of you indoor, while preferring to be outdoors."

"I feel that a student could be fairly resilient yet still not be able to manage their behaviour well enough to always avoid"

"Resilience is definitely different for other people. A person can show they have resilience in a number of ways. No person is the same."

Please note change in beginning of questions/statements from here onwards. I am now giving you statements about how school helps develop resilience in young people.

Comments from the previous round:

- “More staffing does not equal better staffing. What is needed is more staff with the correct skills and attitude. A flippant negative comment could destroy a child, therefore more skilled staff- yes, but just more staff- no.”
- “I believe students are born and/or develop at a very early age a form of resilience and it is developed throughout childhood. Some students with a fragile nature will struggle in stressful situations regardless of the support in place although there is no doubt it can be improved with good support”
- “**** is a great school but I hadn’t appreciated how my son’s peer group would be such a bad influence on him there. Luckily, he has a neuro-typical peer group at home which counteracts this. Also, it’s better now he is at college, supported by the school, with a wider peer group”.

Please rate how much you agree or disagree with each statement from your own experiences of being a student or staff member at *school* School, or of being a parent/carer of a child who attends this school?

17. Student resilience is promoted by taking a flexible approach

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	1.3%	0.7%	25.5%	34%	37.9%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

18. Student resilience is promoted by treating students as individuals

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1.3%	0.7%	2%	11.8%	24.8%	59.5%

19. Student resilience is promoted by staff asking students about their wellbeing

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	3.3%	18.3%	34%	43.8%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

20. Student resilience is promoted by staff having lots of different skills

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	2%	3.3%	18.4%	33.6%	43.4%

21. Student resilience is promoted by staff being self-aware and being able to reflect

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0.7%	3.3%	18.4%	33.6%	43.4%

22. Student resilience is promoted by staff being resilient

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	3.3%	13.8%	28.9%	53.3%

23. Student resilience is promoted by staff making time for students

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0%	1.3%	11.2%	27%	60.5%

“...Making time and listening to students is very important to build resilience...”

24. Student resilience is promoted by staff acting as role-models for students

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0%	2.6%	11.8%	24.3%	61.2%

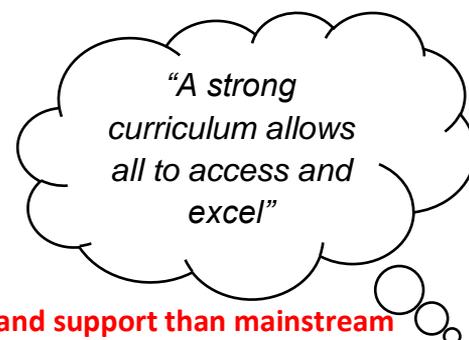
“...Staff being good role models is of paramount importance to promote resilience.”

25. Student resilience is promoted by students having friends at school to learn from and be encouraged by

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0.7%	3.9%	24.3%	36.8%	33.6%

26. Student resilience is promoted by school offering a range of curriculum activities that provide students opportunities to succeed

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	1.3%	12.6%	29.8%	55.6%



27. Student resilience is promoted by students having more opportunities and support than mainstream

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0%	3.3%	13.8%	28.3%	54.6%

28. Student resilience is promoted by school having higher staffing levels than mainstream

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1.3%	0.7%	6.6%	22.4%	23%	46.1%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

29. Student resilience is promoted by school offering good quality training

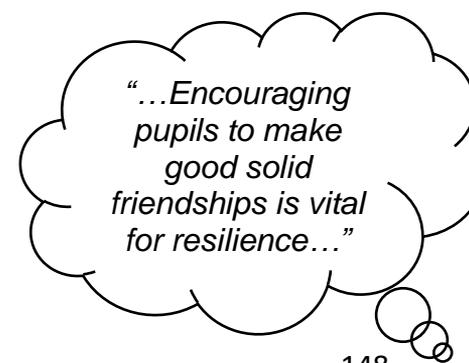
1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	1.3%	2.6%	20.4%	28.3%	47.4%

30. Student resilience is promoted by school having more therapy provision than mainstream

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	2%	10.5%	28.3%	58.6%

31. Student resilience is promoted by staff supporting students to build or keep relationships

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0%	0.7%	11.2%	43.4%	44.1%



32. Student resilience is promoted by staff supporting students to learn from past experiences

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0.7%	2%	11.2%	33.6%	52%

33. Student resilience is promoted by school providing students with new ideas and experiences

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	1.3%	15.1%	34.2%	48.7%

- Your previous response is highlighted
- Percentages of responses from all participants are listed
- The most common response is listed in bold

34. Student resilience is promoted by supporting students to understand and manage difficult feelings and experiences

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0%	0%	7.9%	27.6%	64.5%

35. Student resilience is promoted by school teaching students to be independent

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	3.9%	10.5%	37.5%	47.4%

36. Student resilience is promoted by students feeling there is always someone there for them

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	1.3%	12.5%	28.3%	57.2%

37. Student resilience is promoted by students feeling heard

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0%	0.7%	13.2%	25.7%	59.9%

38. Student resilience is promoted by strong relationships between staff and students

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	0.7%	3.3%	7.2%	32.2%	56.6%

39. Student resilience is promoted by strong joint working with all communities around a child, for example families and services

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1.3%	1.3%	1.3%	12.5%	23%	60.5%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

40. Student resilience is promoted by staff supporting, praising and encouraging students

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0.7%	2%	7.9%	29.6%	59.2%

41. Student resilience is promoted by staff supporting and learning from one another

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0.7%	0%	3.3%	13.2%	28.9%	53.9%

42. Student resilience is promoted by strong communication between everyone at school

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
1.3%	1.3%	3.3%	15.1%	23%	55.9%

"... Lack of communication can hinder progress of the child if not all supporting parties are kept informed of needs/progress."

43. Student resilience is promoted by school providing a sense of community and a place where everyone feels they belong

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	1.3%	2%	5.9%	29.6%	61.2%

44. Student resilience is promoted by school creating stability

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	1.3%	0.7%	12.5%	23.7%	61.8%

- Your previous response is **highlighted**
- Percentages of responses from all participants are listed
- The most common response is listed in **bold**

45. Student resilience is promoted by school being a consistent place

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	1.3%	2%	7.9%	25%	63.8%

46. Student resilience is promoted by school giving students a sense of safety

1	2	3	4	5	6
Strongly Disagree	Moderately Disagree	Mildly Disagree	Mildly Agree	Moderately Agree	Strongly Agree
0%	1.3%	2%	5.3%	20.4%	71.1%

Thank you for filling in this questionnaire!

You will hear the results following completion of the research in 2020.

Appendix AA- Abridged research diary extract

March 2019

Attended the school to complete R1 focus groups. I felt nervous for the staff focus groups, as I know how busy staff are and did not want anyone to feel I was wasting their time. This was made easier by the school psychologist being very supportive and already reminding staff and students the groups were taking place and keeping her eye out for potential participants.

I was also somewhat nervous for the student focus groups, as I was unsure how the students would respond to the questions and if they would feel they had anything to offer. However, I felt appreciative of all staff and students' contributions and I learnt a lot from their perspectives, especially considering I did not have much insight into specialist schools previously.

I was particularly moved by the compassion and enthusiasm the staff appeared to show towards the students they worked with, as well as the positive ways the students spoke about the school staff and their school experiences. I walked away from the focus groups excited about the amount of data I felt I had elicited and keen to get stuck in with the analysis to what this showed.

April-June 2019

Analysis has begun by transcribing each of the focus groups. This has taken much longer than anticipated, as I am finding it difficult to understand the voices of all the differing participants speaking (some with very fast pace speech and strong accents!). Am feeling very driven to get the themes/statements developed ASAP so as not to delay getting the questionnaires out (due to the 6wks school holiday).

Really pleased with the amount and variety of data that has come from the focus groups.

There are too many statements. Met with lead supervisor and discussed how to merge the data from all groups so all stakeholders can do the same questionnaire. While doing the focus group thematic analysis, I had noticed there were some topics that would be too specific to that school for the other school to comment on (e.g. specific school activities). We agreed to omit the statements if they have no relevance to the other group, as the aim is to get an understanding of resilience across SEBD provisions.

Questionnaire would be far too long for students (and possibly staff) to engage with if used codes as statements. Decided that statements will either use themes or sub-themes.

July 2019

Has become apparent that am not going to get the questionnaires developed ready for distribution before the 6 weeks break due to the amount of data and need to keep condensing. Very disappointed but I think it's the right decision, opposed to rushing something through. Have contacted school psychologists to book in appointments for the new school year.

Finding it challenging at times to stick to the language used by participants. For example, using the language of staff to make statements that will be accessible for the students to answer.

October 2019

Visit booked at the second school to begin distributing to R2 questionnaires. School psychologist advised that may be able to ask 100+ staff to complete due to using space within an inset day. Really pleased with this but have been waiting to get copies of the paper questionnaire due to this having to be done through research administrators at uni.

Great response rate for R2! Spent time at both schools completing questionnaires individually with students. Using the inset day for participation was a fantastic idea! Had some staff approach me after handing back their completed measures to say they thought the research would be really valuable- which was lovely.

Started inputting data to SPSS for R2.

November 2019

Starting to wonder if I should have used online questionnaires after all! Spending a huge amount of time printing, individually highlighting and packing questionnaires for each of the 153 responses from R2. Looking forward to getting the R3 data to get on with the analysis.

December 2020

Have visited both schools in an attempt to get some R3 questionnaire responses. Was surprised by the difficulty presented by trying to meet with the same students from the previous rounds, due to them often being off site/absent/excluded.

School psychologists have been great in reminding staff to complete their R3 questionnaires, however the completion rates have been disappointingly low. Feeling disappointed at the response rate, especially when considering the number of hours it took me to complete the R3 questionnaires.

Have been completing data entry over Christmas. Have extended the cut-off point for questionnaires in the hope of getting more in (after the Xmas break).

January 2020

Analysis started for final responses. Still feeling disappointed by low response rate for R3, but I realise that I need to get on with the write-up now and may be delaying myself unnecessarily if no further responses come in.

Have found no significant differences in R2 to R3 responses so I can justify using the much larger number of R2 scores (YAY!). Feeling both happy and nervous about the amount of data that has been produced, and quite how I am going to fit all of this into 8000 words!

Part B draft sent to supervisor. Time to get going with Part A!

February 2020

Have been getting on with Part A to get a draft to supervisor.

March 2020

Draft of Part A to supervisor. Now need to try and get the full draft below the word count which is proving difficult!

The role of social, emotional and behavioural difficulties schools in promoting student's resilience; student, staff and carer perspectives

Introduction: Resilience is frequently defined as the ability to 'bounce back' in the face of hardship. It is a commonly understood that resilience is determined by a number of factors, including the socio-ecological world surrounding a person. With rising levels of children and young people experiencing mental health problems, it is imperative we further our understanding of resilience, to guide the way in which we work and enhance positive outcomes.

School is an important part of the lives of young people. Students with emotional, social and behavioural difficulties (SEBD) are at risk of worse outcomes in later life. Previous research has found that length of time in specialist schools can be predictive of improved student resilience, however the mechanisms by which specialist schools can improve outcomes remain unclear.

The study: This research aimed to investigate what resilience means and how it is promoted within a specialist school for pupils with SEBD.

A three round Delphi study was used to obtain consensus between students, care staff, education staff and carers. This consisted of focus groups with staff and student groups in Round 1 to obtain initial ideas, followed by two rounds of questionnaires distributed to a wider audience. Two SEBD schools were involved, with 82 education staff, 32 students, 29 care staff and 10 carers taking part. Participants needed to have attended or care for a young person that attended the school for six months.

Results: Groups attained consensus on themes defining resilience as; being prepared to attempt new challenges, coping, recovering and moving forward from challenges, developing healthy relationships, confidence and independence, managing emotions, reflecting on past experiences and learning from them, successfully engaging with school life and resilience being different for everyone. Participants endorsed statements relating to resilience promotion by; a flexible and individualised approach, staff behaviours and characteristics, a varied curriculum, staff actively supporting students in ways that may develop their resilience, school as a community who learn from and support each other, school creating consistency and safety, staff behaviours and characteristics, peer support and higher resourcing.

This research highlights the important role of schools in the promotion of resilience in specialist provisions. These findings may support identification of areas involved in resilience enhancement in students most at risk of adversity and highlight the importance of retaining adequate provisions within schools despite widespread austerity.